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Field interviews were held with community leaders and with several hundred workers' families. The acquired information supplemented a survey of past and present conditions and assisted in formulating recommendations for action to meet the acute health needs of California's seasonal agricultural workers.

The health problem can be met by local communities if State and Federal governments provide adequate support. Health and medical facilities are neither accessible nor available in areas where agricultural families live and work. It is recommended that the State of California make funds available to counties desiring the decentralization and extention of local health and medical care services for seasonal agricultural workers and their families through such means as: development of field clinics staffed by local personnel;provision of prenatal care for mothers and treatment for sick children in existing child health conference clinics;expansion of field nursing staffs for clinics, home nursing, health education, and liaison with existing treatment facilities; use of unoccupied beds in rural private hospitals and district hospitals for county patients at county expense; provision of transportation to central facilities for both inpatient and outpatient hospital care; and improvement of sanitation in housing and in the field. Other recommendations were that residency requirements be abolished in county hospitals and that consideration be given to the feasibility of prepayment health plans for domestic seasonal agricultural workers and their families similar to those plans required by law for foreign contract workers. Tables, maps, and a bibliography were included.

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Health Conditions And Services For Domestic Seasonal Agricultural Workers And Their Families In California

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REPORT AND RECOMMENDATIONS
TO
GOVERNOR EDMUND G. BROWN
FROM
MALCOLM H. MERRILL, M.D.
STATE DIRECTOR OF PUBLIC HEALTH

California State Department of Public Health
2151 Berkeley Way, Berkeley 4, California
October 1, 1960

ED002349

OFFICE OF THE DIRECTOR

STATE OF CALIFORNIA
Department of Public Health
2151 BERKELEY WAY
BERKELEY 4, CALIFORNIA

October 4, 1960

Honorable Edmund G. Brown
Governor of California
State Capitol
Sacramento 14, California

Dear Governor Brown:

I am transmitting with this letter my report and recommendations on the health conditions and services of domestic seasonal agricultural workers and their families, as requested in your letter of July 5.

Dr. R. Bruce Jessup found it possible to devote half-time during July-October heading up a special task force in this Department to prepare this report. The report summarizes past and present activities in this field, both nationally and in California, and the results of field interviews with community leaders and seasonal agricultural workers and their families. Specific recommendations for State action are included.

It is my conviction that a serious need for an extension of local health services for seasonal agricultural workers exists currently, that steps toward meeting this need can be taken now in various ways in those communities faced with the problem, and that an appropriation of State funds at this time would serve an excellent purpose.

Very sincerely yours,

Malcolm H Merrill

Malcolm H. Merrill, M.D.
Director of Public Health

Enclosure

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Introduction

The report represents the outspoken and increasing concern of Californians with the current serious health problems of domestic farm workers and their families. Such concern stems from the wide gap between the standard of medical care available to Californians living in rural fringe areas and isolated farm labor camps and the standard of care available to economic comparable groups in our cities.

In July 1960, Governor Brown requested the State Department of Public Health to study the current health conditions and services of seasonal agricultural workers and to propose specific solutions to him. Dr. Malcolm H. Merrill promptly appointed Dr. R. Bruce Jessup of the Department of Pediatrics, Stanford University School of Medicine, to direct a special Task Force on Health Services for Seasonal Agricultural Workers for this purpose during the summer.

The Task Force proceeded immediately to summarize what had been done and what had been repeatedly recommended but not done for these people nationally and state wide in recent years. They simultaneously adopted a plan for field interviews with community leaders and with several hundred workers' families in several counties. The health jurisdictions of Sutter-Yuba Counties, Fresno County and Imperial County were arbitrarily selected because of their expressed interest in the problem and because of their geographically representative positions throughout California.

Included in Task Force activities were Mrs. Gwendolyn Beckman, Willard Brown, M.D., Miss Arline Lewis, Mr. Jack Murray, Belle Dale Poole, M.D., and Dean Tirador, M.D. They were aided by a Departmental Advisory Committee composed of Lester Breslow, M.D., Leslie Corsa, Jr., M.D. (Chairman), John C. Dement, M.D., Wm. Allen Longshore, M.D., and Frank M. Stead.

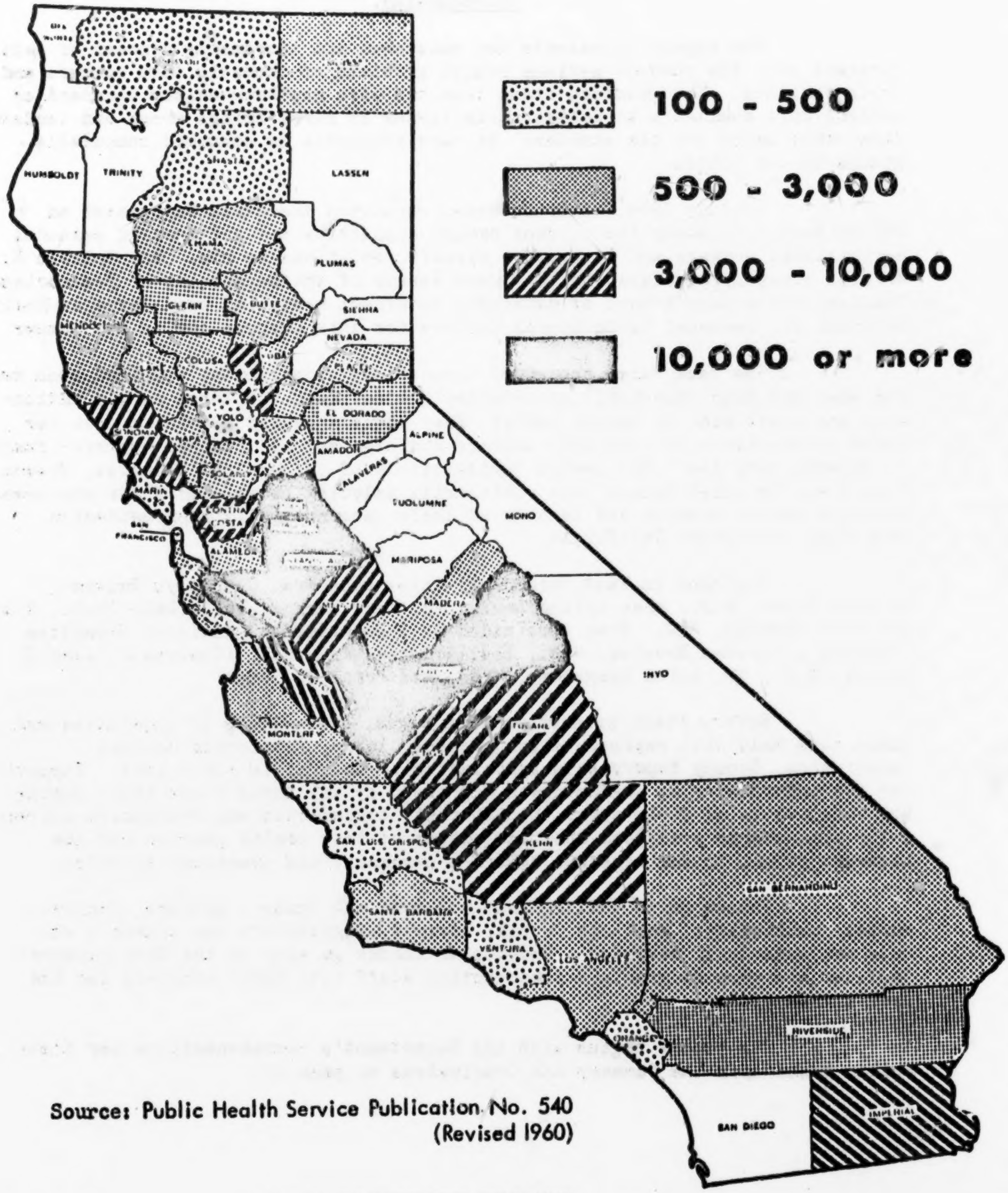
Before field interviews were begun, discussions of objectives and plans were held with representative growers, labor, California Medical Association, County Supervisors Association of California and others. Support for the undertaking as outlined was expressed by all those contacted. During the seven weeks of field work, the interest, cooperation and assistance universally encountered evidenced the recognition of this health problem and the interest of all in taking steps toward a permanent and practical solution.

Thanks go to Californians all over the State - growers, doctors, nurses, sanitarians, teachers, social workers, legislators and others - who have all generously assisted. Particular thanks go also to the farm workers' families who were so gracious in accepting staff into their quarters for the health interviews.

The report begins with the Department's recommendations for State action based upon the Summary and Conclusions on page 47.

DOMESTIC AGRICULTURAL MIGRANTS IN CALIFORNIA

Counties Estimated To Have 100 Or More In Peak Of A Normal Crop Season


░ 100 - 500
▒ 500 - 3,000
▨ 3,000 - 10,000
□ 10,000 or more
DEL NORTE
HUMBOLDT
TRINITY
SHASTA
LASSEN
TEHAMA
PLUMAS
GLENN
BUTTE
SIERRA
MENDOCINO
NEVADA
COLUSA
LAKE
YUBA
PLACER
SONOMA
YOLO
EL DORADO
ALPINE
NAPA
SOLANO
AMADOR
MARIN
CALAVERAS
CONTRA COSTA
TUOLUMNE
MONO
SAN FRANCISCO
ALAMEDA
STANISLAUS
MARIPOSA
MERCED
MADERA
FRESNO
INYO
MONTEREY
TULARE
SAN LUIS OBISPO
KERN
SAN BERNARDINO
SANTA BARBARA
VENTURA
LOS ANGELES
ORANGE
RIVERSIDE
SAN DIEGO
IMPERIAL

Source: Public Health Service Publication No. 540 (Revised 1960)

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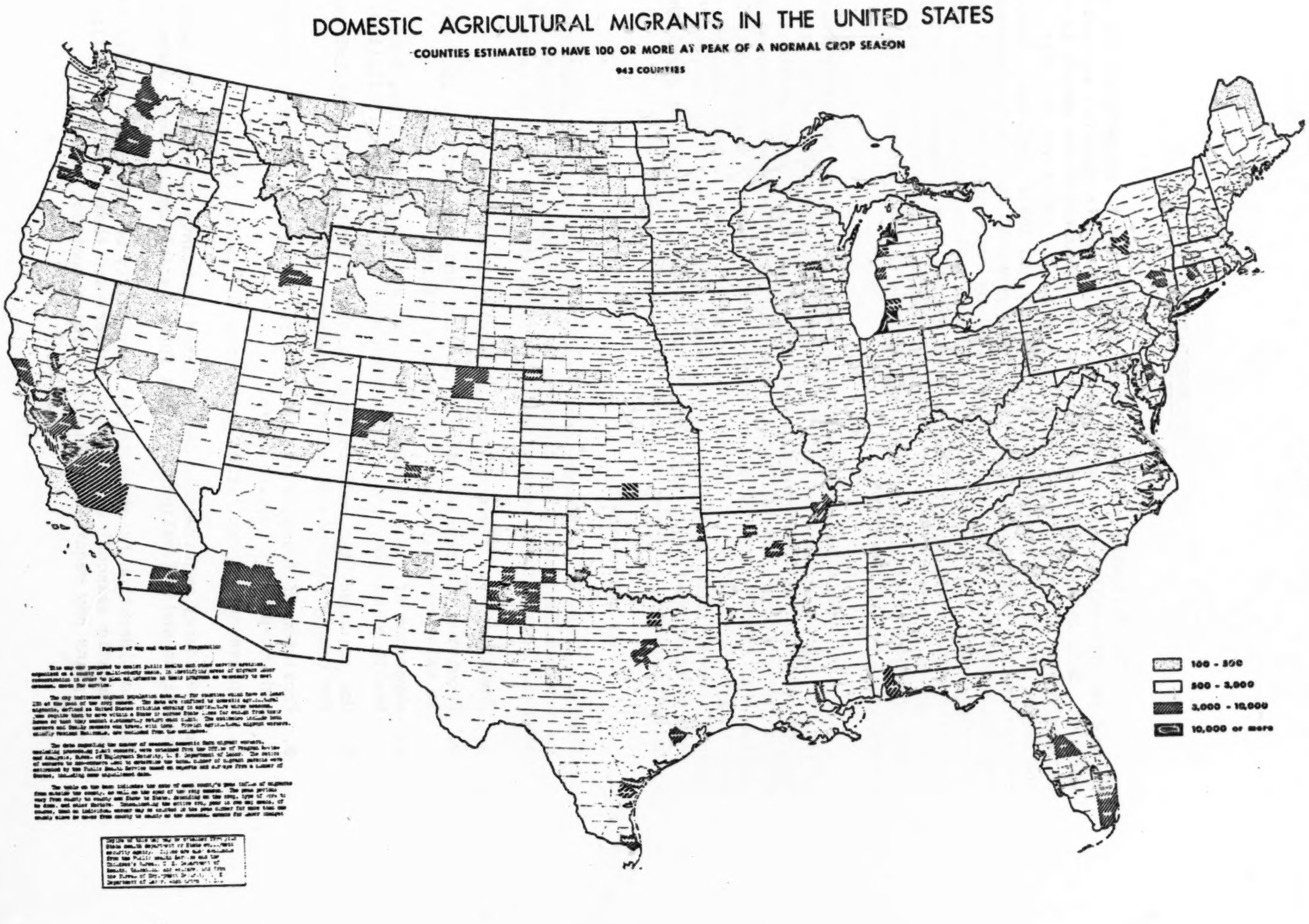
RECOMMENDATIONS

The following recommendations are limited to suggestions for action to meet the presently acute health needs of California's seasonal agricultural workers. This limitation on the scope of the recommendations should in no sense be interpreted as reflecting an opinion that health needs are the only, or even the major, problem of these California workers and their families. However, in contrast to the complexity of the underlying economic factors in improvement in housing, education, wages, etc., it was felt by representatives of all groups interviewed that the health problem can be met, and met now, by local communities if the state and federal governments provide them adequate support and subsidy. There is definitely both federal and state responsibility in dealing with health problems of this large group of citizens on whom so much of California's agricultural production depends.

In developing these recommendations, all groups and individuals consulted, at both state and local levels, agreed that the solution to this problem must be developed at the community level by extension of local services rather than at the state or federal level. This conviction is based on the strong opinion that health needs as well as agricultural patterns vary greatly from area to area in California. State subsidy is essential to make possible the urgently needed local health services. Since, in the past, the "crisis" approach to this problem has failed, any steps taken should be toward the development of a permanent solution. These steps can and should be taken now.

It is recommended:

1. That the State of California make funds available to those counties desiring to decentralize and extend local health and medical care services for seasonal agricultural workers and their families through such means as:
    a. Development of field clinics staffed by local personnel.
    b. Provision of prenatal care for mothers and treatment for sick children in existing child health conference clinics.
    c. Expansion of field nursing staffs for staffing of clinics, home nursing, health education, and liaison with existing treatment facilities.
    d. Use of unoccupied beds in rural private hospitals and district hospitals for county patients at county expense.
    e. Provision of transportation to central facilities for both in-patient and out-patient hospital care.
    f. Improvement of sanitation in housing and in the field.
2. That residency requirements be abolished in county hospitals for both in-patient and out-patient services for seasonal agricultural workers.
3. That consideration be given to the feasibility of prepayment health plans for domestic seasonal agricultural workers and their families similar to those plans now required by law for foreign contract workers.



DOMESTIC AGRICULTURAL MIGRANTS IN THE UNITED STATES

COUNTIES ESTIMATED TO HAVE 100 OR MORE AT PEAK OF A NORMAL CROP SEASON

943 COUNTIES

▨ 100 - 500
☐ 500 - 3,000
▨ 3,000 - 10,000
■ 10,000 or more

Part I

REVIEW OF REPORTS OF HEALTH CONDITIONS AND SERVICES FOR AGRICULTURAL WORKERS IN THE UNITED STATES, 1930-1960

Introduction

Most studies of this general topic have been concerned with the "migrant" worker and family who actually move across county or state boundaries to follow the crops. Increasing attention in recent years has been directed to the large numbers of previously migratory agricultural workers who have settled down to spend all or a majority of their time in a given rural community. That important numbers still leave their homes for at least part of each year to meet the demand for hand labor during the harvest season in California and other states is clear and well documented. (See Table 1.)

The term, "seasonal agricultural worker," will be used throughout this report to include a person or family who derives the greater part of his annual income from seasonal agricultural labor, whether he be a resident of a community or an inter- or intra-state migrant for all or part of the year. This definition is intended to exclude part-time summer student workers, full-time, stable farm employees and foreign national contract workers.

Table 1

NUMBER OF PERSONS WHO DID ANY WORK AS MIGRATORY FARM WORKERS, BY SEX, UNITED STATES, SELECTED YEARS 1949-1957

Sex	1949	1950	1952	1954	1956	1957
Total	422,000	403,000	352,000	365,000	427,000	427,000
Male	291,000	285,000	234,000	273,000	314,000	306,000
Female	131,000	118,000	118,000	92,000	113,000	121,000

From: Hearing before the Subcommittee on Migratory Labor of the Committee on Labor and Public Welfare, United States Senate, 86th Congress, First Session. Testimony of James T. O'Connell, Undersecretary of Labor, page 33. U. S. Government Printing Office, 1960.

The total number of American citizens engaged in seasonal agricultural work is not known with any precision. According to the United States Department of Labor,(91) there were in 1957 approximately 400,000 citizens at some time of the year engaged in migratory farm work. This figure excludes some 150,000 dependents who travel with the migrant workers, and a roughly equivalent number who remain in the home-base areas. It also excludes about 450,000 foreign agricultural workers. The United States Senate Subcommittee on Migratory Labor states that "today we have a domestic migrant working force of almost a half-million persons."(87)

The health problems of the seasonal agricultural worker in the United States are, in general, those common to the socio-economic group to which he belongs, although these problems may be accentuated by his mobility. These people usually live in areas geographically isolated from public and private medical facilities. They are further isolated in the communities in which they live (whether temporarily or permanently) by their low educational levels, by their low annual income, and frequently by their ethnic backgrounds. In the case of the migratory worker, lack of residence status may further separate him from the health facilities available to other citizens in the same economic group.

General Studies

The problems of the seasonal agricultural worker have been studied over the last 50 years by many governmental agencies, both federal and state, and by private groups and organizations. There is available an abundance of reports, studies, findings and recommendations made on all aspects of this problem. In 1909, the Country Life Commission, appointed by President Theodore Roosevelt, reviewed some of the problems of this group.(88) Another report was published in 1915 covering some of the same material.(82) In more recent years, recommendations have been made by The White House Conferences on Children and Youth in 1930,(102) 1940,(103) and again in 1960.(104) Two notable congressional committees, the Tolan and LaFollette Committees,(83,84) investigated aspects of the problem. Studies and recommendations were made by national conferences on labor legislation in 1944,(56) 1946,(57) and 1949.(58) The President's Committee on Migratory Labor has reported periodically on findings and recommendations.(93) In June, 1960, a report prepared for the Senate Subcommittee on Migratory Labor of the Committee on Labor and Public Welfare, entitled "The Migrant Farm Worker in America," published background data and pertinent current information.(87)

Health Studies

An impressive list of reports on health conditions and health services for seasonal agricultural workers can be compiled. Among those who have published on this topic are Leland,(42) Mott and Roemer,(53,54,55) Leone and Johnston,(43) Axelrod,(7) Koos,(41) Merrill,(47) Blankenship and Safier,(9) and Howard.(36) Health reports and recommendations have been published by organizations such as the 1958 Southwest Regional Conference on Migrant Labor,(72) the 1956 East Coast Migratory Farm Labor Conference,(1) the 1959 Mid-America Conference on Migratory Labor,(49) and the 1960 Western Interstate Conference(101) at which legislators, educators and physicians considered health and other problems of the seasonal farm worker. In 1959, the President's Committee on Migratory Labor published a report of investigations of methods of financing health services for migrants.(94) In 1959 and 1960, hearings before the Senate Subcommittee on Migratory Labor documented the existence of nationally acute health needs among seasonal agricultural workers. In June 1960, a proposal for federal subsidies to states and local communities faced with this problem was made to the Senate Committee on Labor and Welfare. The proposal for federal financial support to assist local communities in meeting health needs in a locally determined way was supported by the Association of State and Territorial Health Officers and the American Public Health Association.(86)

A large number of specific studies of health needs and problems of migrant agricultural workers are available; they are cited below.

In 1951, a Colorado study of 262 migrant families showed that half of the families lived in one room; 13 percent had obviously unsafe water supplies; 60 percent had no bathing facilities; 86 percent had not seen a doctor for the preceding 12 months; only 42 percent had received smallpox vaccinations, 20 percent diphtheria and whooping cough immunizations, and only 10 percent had had tetanus immunization. Infant mortality was twice as high in this group as the general infant death rate for the state. One-third of the children born in the preceding five years had not had a doctor in attendance.(80)

The United States Public Health Service and the Idaho and Oregon State Health Departments sponsored a study in the lower Snake River Valley in 1955 which demonstrated that only 22 percent of the children in labor camps in the area had been immunized against smallpox and even fewer against diphtheria, whooping cough and tetanus. Over half of all persons examined had one or more acute or chronic disorders. The attack rate of tuberculosis and venereal disease was found to be from seven to 13 times that of the resident population.(21)

A tuberculin testing program in Minnesota in 1959 showed that 66.4 percent of migrants who were 15 years of age or older reacted positively while only 13 percent of the general population 30 years of age had positive reactions. Similarly, the reactor rate for migrants under 15 years of age was 10 percent compared to about three percent for the general population of comparable age.(28)

General Findings of National Studies

Extensive projects, such as the ones in progress in Florida,(29, 98) as well as project reports from Maryland,(98) New Jersey,(98) New York,(98) Texas,(97) Michigan,(97) and Colorado,(37) together with a review of available information on health problems and experience with health service programs for seasonal agricultural workers reveal the following findings over the past 30 to 40 years with a great consistency:

1. Seasonal agricultural workers, particularly those migrating from home communities where they are eligible for public medical services, have health problems similar to those of stable rural farm worker families but more severe. Their health needs are greater than those of any other socio-economic group in the United States. The studies and investigations have consistently shown: high infant mortality, high communicable disease rates, low prenatal care rates, high prematurity, high accident rates, low immunization levels, serious needs for dental care, and little realization of the need for early or preventive medical care.

2. Low economic and educational levels, mobility, lack of resident status, geographic isolation from medical facilities, plus cultural factors and language barriers contribute to their health problems.

3. Where the social, economic, and cultural characteristics have been taken into consideration in offering services to this group, and where funds have been made available, the improvement in health conditions among this group in various parts of the United States has been striking. However, most of these efforts have been temporary and inadequate. The federally financed and locally controlled emergency Farm Security Administration program from 1938 to 1947 was a notable exception. No coordinated national effort to meet this health problem has been supported since then.

As this brief review has shown, there have been many proposals made over many years on the health problems of the seasonal worker and too little action has been taken. The old recommendations and the new have a striking similarity. The increasing numbers of recent studies and isolated programs are "symptoms of a greater awareness of the problem and a desire to do something about it. Action to help the migrant, marking time for far too many years, finally seems to be on the march."(87)

Part II

REVIEW OF REPORTS OF HEALTH CONDITIONS AND SERVICES FOR AGRICULTURAL WORKERS IN CALIFORNIA

Note on California's Agricultural History

The great need for seasonal agricultural workers began when the development of irrigation in 1870 made possible the farming of the San Joaquin, Santa Clara, Sacramento and Russian River Valleys. This rich land soon produced a need for hand labor during the peak harvest seasons. Following the Chinese Exclusion Act in 1882, Japanese laborers were brought in and composed much of the State's farm labor until the first World War. Following the war, another surge of immigration occurred with many workers from Mexico and the Philippine Islands entering the State; by 1928, Mexicans constituted 56 percent of the farm laborers in California and 75 percent of those in Imperial County.(25,50,99)

In the 1930's, a new group of agricultural workers appeared in California - refugees from the "dust bowl" of the Middle West. Our border plant control station counted more than 285,000 persons in need of manual employment who entered California by motor vehicle between July 1935 and September 1938.(42) The majority sought field work in Kern, Tulare and Fresno Counties in the San Joaquin Valley.(25)

During the years of World War II, the heavy demand for labor and high wages in defense industries created an acute labor shortage in the California agricultural labor market. It was during this time that official encouragement of immigration and importation of Mexican workers began.(99) From that time on, the utilization of braceros or Mexican nationals has proportionately increased up to the summer of 1960. In 1959, out of an estimated 205,600 seasonally employed domestic farm laborers, 65,500 were domestic migrants and 83,400 were foreign contract workers.(11) Since 1954, these foreign workers have been subject to federal regulation under Public Law 78, requiring entry medical examinations at the border, medical care and hospitalization insurance, and pre-occupancy inspection enforcing housing and sanitation standards.(63)

Certain characteristics peculiar to California are important as background. Because of weather and soil conditions, California's growing season in the valleys exceeds 240 days and extends over the entire year in Imperial County. The variety of climatic conditions, rich soil, and the long growing season are the principal reasons why California produces more than 200 different crops in commercially significant quantities at the present time. The total 1959 value of the products of California agriculture was over three billion dollars. This is the highest figure on record for this state and the largest ever recorded for a single state. Field crops account for some 25 percent, fruit and nut crops 20 percent, vegetable and melon production 13 percent, and livestock 37 percent of this income.(90) Annual production of California agriculture is now almost double the yearly average of the 1930's.

Mechanization of farm operation in California has had an important influence on farm labor demand. The recent development of mechanical fruit and vegetable pickers will continue to affect labor demand. However, no immediate reduction in the demand for stoop-labor in California agriculture over the next five years is anticipated, because this gradual mechanization will be offset, at least for the present, by increased agricultural production.

As may be seen from the attached figure, the numbers of local temporary, interstate migrants and out-of-state migrant agricultural workers have remained quite stable over the past five years. (See page 11.)

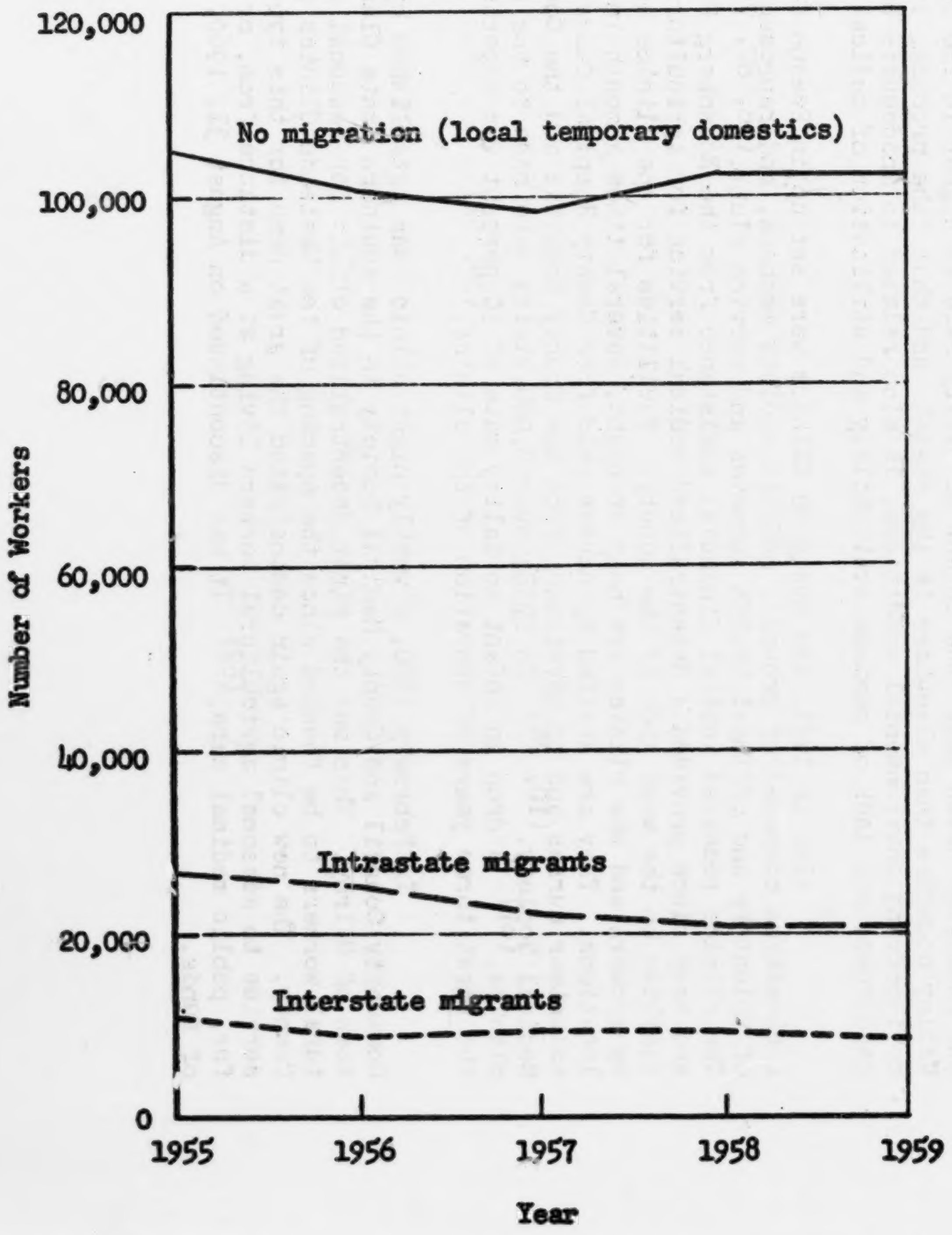
Health Studies in California

Particularly since the 1930's, with the acute and widely publicized problems associated with the migrants from the "dust bowl,"(16,23,26,27,38,39,51,62,73,76,77,78,81) interest in the health needs of California's agricultural workers has periodically been intense.

In 1938, after the migration of great numbers from the Mid-west, representatives of the California Medical Association, California State Department of Public Health, the United States Public Health Service, and the federal Farm Security Administration proposed a medical care plan which was promptly put into operation and continued until 1948.(4,5,31,54,92) The Agricultural Workers Health and Medical Association was incorporated in California and later extended its operation to Arizona. Five other similar associations eventually covered the United States.(55,96) The purpose of the association was "the provision of medical and dental services, nursing or hospitalization, medical and surgical supplies and appliances and such other services and supplies as might be incident to the convenience and preservation of the health of its members." (42) Funds were supplied from the Farm Security Administration of the United States Department of Agriculture. During one year, 1946, this association utilized the services of 750 physicians, 180 dentists and 59 nurses to assist 36,324 cases.(3) The expenditure of federal funds in California for this purpose reached $640,895 in that year, a cost of $1.50 to $3 per eligible man per month.(3,53) Much of the success of the program was due to the group of field nurses who screened the medical cases in the camps, treated minor ailments under standing orders from the physicians, assisted the local private physicians in the clinics, referred difficult cases to private physicians for treatment or hospitalization, and provided continuity with the administrative personnel of the association.(2,60,105) The function of the administrative personnel was chiefly provision of funds and they "confine(d) their activities to fiscal policies, [and] place(d) responsibility for conduct of medical services on the medical and dental professions." (42)

Dr. Karl Schaupp was referring to this program when he made the following comment in his address as retiring president of the California Medical Association: "There is a story of accomplishment by the California Medical Association that must be told at this time. It must be told because it can clarify so many of the problems which face us at the present, and can help to dispel the fog of doubt and suspicion that arises before the minds of many physicians when cooperation with government agencies is mentioned. It must be told because it proves that sincerity of purpose, open-mindedness, mutual trust can overcome seemingly insurmountable obstacles."(70)

AVERAGE ANNUAL EMPLOYMENT
OF TEMPORARY DOMESTIC AGRICULTURAL WORKERS
BY TYPE OF MIGRATION, 1955-1959



	Local Temporary Domestics	Intrastate Migrants	Interstate Migrants
1955	105,200	27,700	10,800
1956	101,300	24,500	8,800
1957	99,100	22,500	9,700
1958	102,300	21,400	9,200
1959	102,400	20,700	8,800

From: State of California
Department of Employment
Farm Placement Service
April 6, 1960

Following the second World War, the numbers of domestic agricultural workers increased and nationwide publicity was focused on the San Joaquin Valley when 28 infant deaths there in 1949 were found on investigation to be mainly in the families of agricultural workers and due chiefly to diarrhea and pneumonia.(22, 35, 74, 100) The governor set up a committee for an intensive study of agricultural labor in the San Joaquin Valley. The results of their study were published in 1951.

Among the recommendations of the committee were the following:

1. Decentralization of medical facilities (through mobile clinics, or establishment of local clinics in outlying communities to bring specialized services to agricultural workers in the more remote rural areas).
2. Increased availability of medical services through removal of residency requirements for medical care.
3. Increased health education, emphasizing nutrition education.
4. Development of a plan to make medical care available to all agricultural workers through a planned and organized system of medical care on a statewide basis.

The committee noted that "the infant mortality rate is higher in the San Joaquin Valley counties than elsewhere in the state" and that "the problem, in addition to improving environmental conditions, is also related to inadequate health resources, and lack of maximum availability and utilization of medical facilities."(43)

Also in 1951, the Westside Clinics were set up in Fresno County by a committee composed of growers, medical society members, and representatives of voluntary and official health agencies and service clubs.(66, 67, 79, 106) The clinics received initial financial assistance from the Rosenberg Foundation and have since provided a decentralized medical service for agricultural workers' families on the west side of the county. Facilities for the clinics are provided by growers and the clinics are held at night, several times a month in five locations. They are staffed by nurses paid from County Hospital funds, by volunteer nurses and by physicians from the County Hospital and the County Medical Society.(10, 24) In 1958, over 6,000 visits were made to the five clinics.(61) A drop in infant mortality rate of 50 percent was experienced in the first three years of operation of the clinics.(34, 52)

In February 1960, a weekly night clinic was established by the Community Council and County Medical Society in the southern Santa Clara County town of Gilroy. This was the first decentralized clinic for seasonal agricultural workers to be founded since the opening of the Westside Clinics in Fresno County. The new clinic again demonstrated the great need for this type of service to seasonal agricultural workers living at a distance from, or ineligible for, public medical care.(68) It was discontinued on August 31, 1960, for want of funds.

The California Health Survey, conducted by the State Department of Public Health in 1956, showed that agricultural workers have low levels of hospital admissions and medically attended conditions, as well as higher levels of infective and parasitic diseases, circulatory diseases and accidents. Their stays in hospitals are long, both as a group and per admission. The unfavorable immunization status of farm workers' children in regard to smallpox, diphtheria, whooping cough, tetanus and poliomyelitis was also demonstrated.(13)

A migratory labor committee of the Western Branch of the American Public Health Association sent questionnaires in 1956 to 35 county health departments in California to gather information about the State's migrant farm workers. Replies from 15 jurisdictions indicated that few counties had any established program for these people, although they were not excluded from the standard programs of the departments. It was also pointed out that little data of any kind were collected about seasonal workers as a group and no systematic way of obtaining information about them was available. Among the health needs of the seasonal agricultural workers as seen by these California health officers were: medical care, health education, better means of communication, environmental sanitation, better housing, immunizations, acceptance of service, and preventive medicine.(46)

A study of lien laws and their enforcement in 1958, indicated that 53 of the 58 counties required a signed lien or a written agreement about payment before medical care could be obtained at county hospitals. Thirty-five of the 58 counties indicated that they did not accept non-residents for service except under emergencies or other conditions required by state law.(32, 69)

In 1959, renewed interest in the sanitary environment of the seasonal farm worker was shown when representatives of labor, agriculture, state and local government, the University of California, and community organizations met to discuss ways of obtaining food-crop sanitation in the fields.(14, 15) This interest has grown so that now 17 counties have organized committees to promote locally the provision of toilet, handwashing, and drinking water facilities to the workers in the field. A summary report on the statewide activities for field crop sanitation is being prepared by the State Department of Public Health and will be distributed in the latter part of 1960.

Two recent studies of agricultural workers living in rural fringe communities of Fresno County again show the need for health services and point out the problems associated with bringing help to this group.(8, 65) From the latest study, it was concluded that "The study team feels that it should be clearly evident at this time that farm labor in Fresno County comprises an underprivileged, underpaid, improperly fed, ill-housed, poorly clothed, inadequately socially protected (including such basic protection as fire, police, health and medical care, social insurances and so forth), poorly educated . . . but still a significantly large segment of the total community. As long as this group is kept in this status, it seems inevitable that they as well as the whole community will suffer . . . " (8)

The Rural Health Committee of the California Medical Association in 1959 recommended that the C.M.A. Council "adopt a statement of policy along the following lines:

It would appear that most farm laborers are now permanent state and county residents and are no longer migrants in the old pattern. This labor force is essential to the economic life of many of our communities. The living and environmental conditions, schooling, welfare service needs, nutritional needs, wages, working conditions and health and educational needs of this group in some areas may present some rather pressing community problems.

"It has been suggested by some that the county medical societies should establish and operate medical clinics for the care of these farm workers. The problem of indigency in general in any segment of our population is treated as a community responsibility. There is no valid purpose to be served by separating the indigent farm workers' medical needs from the needs of other indigents in the community. To do so, would tend to duplicate and perhaps conflict with existing services, such as general relief, Aid to Needy Children, Crippled Children's programs, public assistance medical care programs, county hospital services, and other private and public welfare services."

"From the standpoint of the medical profession, in the interest of good patient care, it is important that certain fundamentals be kept in mind when providing medical care programs.

"Continuity of care is a basic concept subscribed to by the medical profession. Included in this concept is the provision of:

a. Medical care 24 hours of the day.
b. Coordination of medical care rendered in clinics, when and if they are established, with medical centers where definitive care is to be given.
c. Adequate follow-up upon discharge from center rendering definitive care.
d. Continuity of records that are maintained incident to the medical care rendered.
e. Adequate administrative coordination and direction with lines of responsibility clearly defined.

"To assist in assuring this essential continuity, the provision of visiting nursing services, the convenience of facilities to patient, physician, nurses and other personnel should all be carefully weighed in drafting a plan best suited for a particular community. The provision of mobile clinics might well be considered where great distances and/or high concentration of people is involved. Periodic reviews of the services rendered and the current needs should be a part of any program.

"In the execution of any plan, it is necessary that provision be made to adequately compensate those professional people rendering the service, as well as the providing of adequately equipped facilities." (18)

The California Medical Association, in a 1959 study of medical care of the migrant in California, pointed out that there is essentially no health insurance coverage for this group worth mentioning, that crippled children's services and vocational rehabilitation treatment services have residence requirements, that community-sponsored health programs have failed to materialize outside of Fresno County and that the most frequent source of care was private involuntary charity in the form of unpaid medical and hospital bills. The health insurance program required by law for the importation of Mexican contract workers was described and it was pointed out that no such program was available to our own workers.(19)

At the March 1959 Fresno Conference of the California Rural Health and Education Association, health conditions of seasonal agricultural workers received critical attention.

In interviews with 200 agricultural worker families selected by the California Migrant Ministry in December 1959, the serious lack of available health services was again emphasized. "In discussing their health needs, these families felt that they needed: better housing; better sanitation; cleaner surroundings; more knowledge of health and sanitation; more money for better food; free clinics; closer clinics; free hospitals and closer hospitals; better clothes; etc."(75)

In February 1960, the California State Department of Public Health selected the counties in the State with large populations of domestic seasonal agricultural laborers and sent questionnaires asking about health services for these workers. Twenty-three counties replied, and only four of these indicated that they gave any type of special attention to the seasonal workers. Two of these four maintained decentralized out-patient clinics specifically for seasonal agricultural workers. All the counties, however, stated out-patient care was available at the county hospital and that standard child health conferences and immunization clinics were open to all without residency restriction.(44)

San Joaquin, Kings, Tulare, Santa Clara, and Kern Counties held conferences early in 1960 on the problems of seasonally employed farm workers. They were attended by farmers, laborers, doctors, ministers, education and government officials. They repeatedly recommended that more attention be directed toward medical care, health education, and wider usage of existing community health resources for these people.(46, 59, 68)

In a statement before the U. S. Senate Subcommittee on Migratory Labor, in July 1960, Dr. Malcolm H. Merrill, Director of the State Department of Public Health said that: "California's record in health matters affecting migratory labor is essentially the same as for the other Western states. . . The major problem in California is the relative unavailability of medical care and inadequacy of preventive services available to the seasonal agricultural workers. Little has or is being done locally in California Counties or at the State level to meet these special health needs of the migrant group."(48) Dr. Merrill told the subcommittee that county hospitals and county health departments are the two major public-supported sources of direct medical assistance which could be better utilized to meet the medical needs of migratory labor.

He summarized six important aspects of any adequate health services: availability, accessibility, comprehensiveness, utilization, education, and financing. In relation to these aspects, he informed the subcommittee that the location of county hospitals is generally at a great distance from the labor camps or agricultural work sites; only two county hospitals in the State conduct special medical out-patient clinics for agricultural workers at a site other than the hospital building; strict residency requirements for both in-patient and out-patient services prevent desirable and necessary usage, although these restrictions are generally waived for emergency cases; and, in addition, hours of operation, cost, staff and patient attitudes limit utilization of these services. Dr. Merrill suggested that universal application of reciprocity between counties and possibly states might help to ease the problem.

He told the Senate Subcommittee that the health departments in those counties of the State, involving the larger numbers of domestic agricultural laborers, are full-time departments. The health areas which affect these workers and which now receive major attention from the local health departments are communicable disease control; health supervision of pregnant women and well children; environmental sanitation to insure pure water, proper food-handling, and proper sewage disposal for main labor camps.(48)

In California, there are 6,500 farm labor camps of all types. Fourteen farm labor housing centers, originally built and operated by the Farm Security Administration (1938-1948), are now operated under the jurisdiction of local housing authorities. Several centers are used by Mexican Nationals and are not available to domestic workers and their families. There are various accommodations available in these camps, ranging from a relatively few, low-rent, multi-bedroom houses built in recent years to over 1,500 one-room twelve by twenty tin or wood "shelters." The latter are occupied at the present time by domestic farm workers' families. The "shelters" were built in the late 1930's and have no inside running water or plumbing.

In August 1960, letters were sent to the directors of these public housing centers requesting information on health needs and health services of the camp residents. The replies indicated that although some "shelters" have been closed in recent years, others are still in use and are felt to be a "disgrace." The camp managers indicated that they have kept them available because of the continuing need to provide these families with something other than the "roadside" or "riverbank" as a dwelling place during the peak seasons. Attention was called in the replies to wide monthly fluctuations of demand for housing in the camps, reflecting varying farm labor demands in different parts of California.

Camp managers listed many medical needs of the occupants of their camps including available out-patient medical care, immunizations, health and nutrition, relaxation of residency requirements for hospital care, and dental care. Frequent reference was made to the advantages that could be obtained by having weekly visits during peak seasons by field nurses who could do health education, take care of preventive medical care needs, and treatment of early and minor medical conditions as well as provide liaison with existing medical services.

An example of the carefully considered answers given by the camp managers follows.

MEMORANDUM

DATE: September 2, 1960

FROM: M. E. Larive, Manager, Firebaugh Farm Labor Camp
Housing Authorities, City and County of Fresno, California

SUBJECT: A report on West Side Agricultural Workers as Observed in the Firebaugh Area of Fresno County

Though most of our farm labor families, as observed in this area, have work the year round we still have a large number of part time workers whose living standards may be classified as sub-standard. There are many reasons for their plight, among them being:

1. Lack of education caused by lack of interest in school, following their parents footsteps, needed at home to help family, retardation, no school activities to their interest, malnutrition, poverty, and family difficulties.
2. Desertion by husband brought about in many cases by inability of the father to earn enough to support a family and health conditions.
3. Lack of knowledge as well as appreciation for health and moral standards.
4. Lack of a sound religious background.
5. Inability to hold a job often caused by trying to put a "square peg in a round hole".
6. Idleness during off-crop seasons.
7. Substandard dwellings as well as lack of interest to better themselves.
8. Low earnings.

It is the belief of the writer, having lived among these people for several years, that in our present day society most of these conditions could be abolished. Areas such as this need a competent understanding health counselor who may help these people to understand the importance and need for clean living and good moral standards in leading a healthy successful life. He would have to live among the people to learn to know them and their problems.

Some kind of work should be made available so that people will not be forced to accept charity in order to live during the off-season months. In California such work as clearing the sides of highways of debris is needed and if payment must be made in food why not give people a chance to earn their way. Many other worthwhile State, County and City projects could be inaugurated. The kind of people that must accept charity certainly need to have their pride as well as their integrity built up and it does not seem that a handout is the answer.

A health inspector with authority to require indifferent people to keep their dwellings, themselves, and children clean is needed for some people.

More standard housing is needed to replace blighted areas. Much of this housing is needed to accommodate people in the $700 to $1200 annual family income bracket.

The closest ambulance is 45 miles away.

Fresno County does operate a clinic, at intervals, in the area and is doing a fine job.

Various churches, the Salvation Army, some other groups and individuals give aid in various ways to indigent people.

Fresno County Housing Authority will build 40 new standard units to help better fit the housing needs within the next year. It is also the aim of this Authority to replace all substandard units or demolish them as soon as possible within their jurisdiction. Plenty of hot water, clean showers, and pure water is furnished these tenants. All areas are kept clean.

Fresno County Housing Authority has jurisdiction over 252 dwelling units in Firebaugh. There has been a waiting list for all modern units the past several years. There are 156 tin shelter units. The top demand is during the latter part of September and October during cotton picking time. The lowest month is March. In 1956, 97 out of 156 shelter units were occupied which was our greatest vacancy. During the past three years only 16 units were vacant at any one time.

Out of state residents will not run over 2%, however, some have been in the State for only a short period of time. Records show that the vast majority of the adults were born in Oklahoma, Texas and Arkansas. Perhaps as much as 75% of our people are permanent residents. Many go to Oregon, Arizona and various parts of California where they work for a short period of time but return to our housing for the winter months.

Recent cases presented at the pediatric grand rounds at the Stanford Medical School emphasize that medical problems of the seasonal agricultural worker and his family are not unusual and that they are related to the conditions under which he lives.

PEDIATRIC DEPARTMENT GRAND ROUNDS -- Sept. 17, 1960

Stanford School of Medicine, Palo Alto, California

Two cases of Infant Diarrhea and Dehydration in Families of Migrant Farm Workers

I. Dr. Forrest

Case 1: E. C. a 12 mos. old Mexican-American male admitted Palo-Alto-Stanford Hospital on July 20, 1960 with the chief complaint of vomiting and diarrhea of 8 days duration. Family history: Mother, 33, is thirty-three weeks pregnant with her 9th child. Father living and well. Social history: Family are residents of Lindsay, California, in San Joaquin Valley; are farm laborers, moved into tent camp in apricot orchard in Mountain View several weeks ago to pick apricots.

Immunizations: None.

Physical examination: Thin, moderately dehydrated child with sunken eyes, poor turgor of skin, lethargy and deep breathing. Neck supple. Chest: Clear to auscultation and percussion. Abdomen: soft; liver down one fingerbreadth.

Laboratory: PCV 29, hemoglobin 6.1; WBC 12,450, marked hypochromia and microcytosis; Na 127; K 3.4; CO_2 4.3; Cl 98. Second hospital day: WBC 80,800; Na 129; K 4.4; CO_2 23; Cl 96. CSF culture; heavy growth of pneumococci, CSF glucose 58; protein 112; WBC 194. Stool culture on first hospital day grew out E.coli which agglutinated with polyvalent OB group A, #055. Urine culture on second hospital day revealed 40,000 colonies of Klebsiella aerobacter; 150,000 E.coli and 300,000 proteus.

Hospital course: Temperature slowly came down. Intravenous fluids; diarrheal stools diminished in frequency. On second hospital day temperature spiked; developed a high pitched cry, two minor convulsions. CSF loaded with pneumococci on direct staining smear. Treated with 10 million units of penicillin a day intravenously and chloromycetin 500 mg./day.

Discharged: August 2, 1960 on 0.6 cc Fer in Sol by mouth twice a day.

Diagnosis: Iron deficiency anemia
Pneumococcal meningitis
Diarrhea due to pathogenic E.coli (group A-#055)

II. Dr. Kelminson

Case 2: J. B. a 4 month old Mexican-American infant admitted Palo Alto-Stanford Hospital July 25, 1960 with complaint of diarrhea and fever for 3 days.

Family history: Mother 35; three siblings 7, 5 and 3 years of age.

Social history: Family came to same tent camp in apricot orchard in Mountain View as E. C. above, several weeks ago from Exeter, California to pick fruit. "No running water; toilet is 100 feet from tent; no rats, only flies."

Physical examination: Pale, unresponsive, moribund. Skin; poor turgor; Chest: clear; Abdomen: flat and doughy. Liver: palpable 5 cm. below RCM.

Laboratory: PCV 37; hemoglobin 13.7; WBC 10,000; Na 130; K 3.3; CO_2 5.8; Cl 105. Stool culture: proteus and enteropathogenic strain of E.coli #055.

Hospital course: Rehydration with intravenous fluids; uncomplicated course.

Discharged: August 2, 1960.

Diagnosis: Diarrhea due to pathogenic E.coli (group A-#055).

III.

Report of field visit to farm labor camp in which E. C. and J. B. lived by Public Health Department Sanitarian, Mr. Lee Truro. Camp visited on August 29, 1960. Camp had been operating for two months without knowledge of Health Department. Barely visible from road in apricot orchard. Composed of 4 tents with dirt floors; one substandard building which was locked; one substandard trailer; and a dwelling made of wooden fruit trays. One wooden privy was full and nailed shut, but open to flies. Three chemical portable toilets for the 80 occupants of the camp, and three water spigots. No running water in dwellings. In E. C.'s tent fly population heavy, garbage and refuse on floor, no windows. One kerosene, one Butane stove. The family of 10 slept in two beds in the one room 9 x 12 feet.

III.

Discussion by: Dr. Kretchmer, Professor of Pediatrics,
Dr. Rantz, Department of Medicine,
Dr. Volkart, Department of Sociology,
Dr. Jessup, Department of Pediatrics,

Consensus of California Studies and Recommendations

Since 1935, there has been special interest in the health problems of the seasonal agricultural workers in California. From the migratory demonstration project of the State Department of Public Health in 1936 through the work of the Farm Security Administration in the 1940's, to the more recent studies by the State Department of Public Health in 1960, it has been repeatedly shown that these people have a greater number of medically uncorrected conditions than the rest of our population and that they are less able to take care of them than any other group.

Similarly, the recommendations made by various groups from 1935 to the present have undergone little change. Decentralized clinics, extension of local health services, relaxation of residency requirements, and development of coordinated plans for provision of medical care for the seasonal agricultural workers have all repeatedly been proposed.

Action in California has been lacking - only two counties have established decentralized clinics; residency requirements, liens and written agreements are still necessary to obtain medical care in most of the counties in California; and no satisfactory plan of medical care for these people has been developed.

Certainly any action taken to better the health conditions of these people could not be called precipitous for it would be backed by a solid history of studies and recommendations over the past 30 years.

	Recommendation / Organization	Establish a central coordinating or advisory council	Better housing by subsidy and establishing housing standards	Provide adequate sanitation	Modify or eliminate residency requirements for medical care	Extend existing health services	Decentralize medical care clinics	Health insurance	Health education	Nutrition education
1915	Calif. Commission on Immigration and Housing	x		x						
1932	Calif. State Unemployment Commission				x					
1934	Committee of California State Board of Health, Calif. Farm Bur., Ag. Dept., and State Chamber of Commerce		x	x						
1937	State Dept. of Public Health (Farnsworth)	x			x	x	x		x	
1938	Steinbeck Committee to Aid Agriculture		x					x		
1939	Calif. Research Committee on Labor Problems		x		x			x		
	Calif. Gov. Commission on Re-employment		x							
	Calif. Conf. of State and Fed. Agencies		x	x						
1940	State Dept. Public Health (Dickie)					x		x		
	Calif. State Chamber of Commerce	x	x							
	Calif. Housing Association		x							
	Calif. Div. Immigration and Housing		x							
	Calif. Conf. of Social Work		x			x				
1947	Food, tobacco, agriculture and allied workers union CIO (1944, 1947)		x					x		
1948	Calif. State Federation of Labor (1937, 1940, 1942, 1948)		x							
1949	Calif. Gov. Conf. on Employment		x							
	Conf. on Health and Related Problems of Agricultural Workers				x	x				
1951	Gov. Comm. to Survey Ag. Labor Resources in San Joaquin Valley					x	x			x
1952	Rural Health and Education Committee								x	
1958	Santa Clara Interagency Committee on needs of farm workers			x			x		x	x
1959	Families who move with the crops	x	x		x		x		x	
1960	Kings-Tulare Conf. on Seasonally Employed							x	x	
	Associated Farmers of California		x	x				x		
	California Medical Association						x	x		

Table 2. Summary of Recommendations made by Various State Groups

Part III

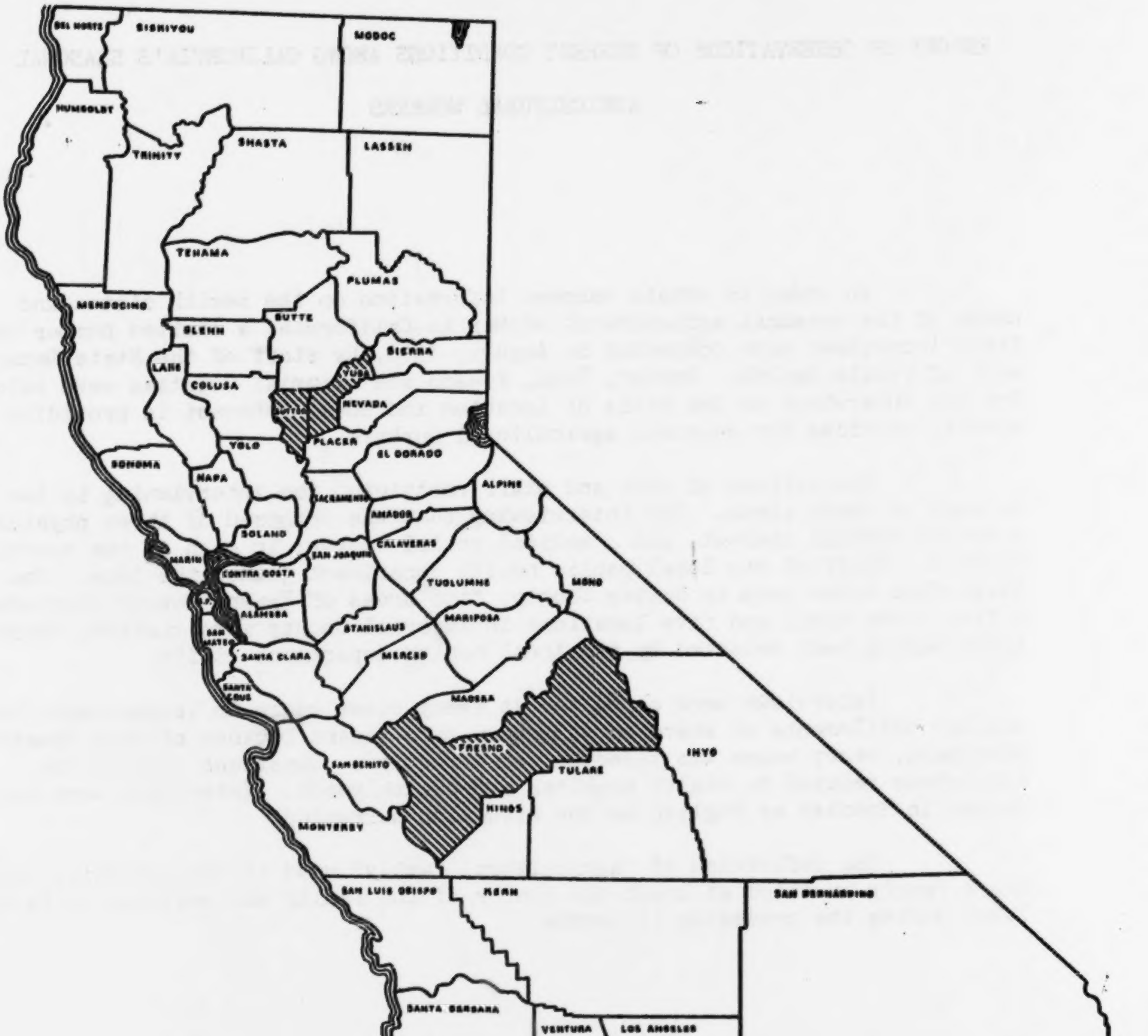
REPORT OF OBSERVATIONS OF CURRENT CONDITIONS AMONG CALIFORNIA'S SEASONAL AGRICULTURAL WORKERS

In order to obtain current information on the health status and needs of the seasonal agricultural worker in California, a limited number of field interviews were conducted in August, 1960, by staff of the State Department of Public Health. Sutter, Yuba, Fresno and Imperial Counties were selected for the interviews on the basis of location and local interest in providing special services for seasonal agricultural workers.

Limitations of time and staff restricted the interviewing to two days in each of these areas. The interviewing team was composed of three physicians, a senior medical student, and a medical social worker; in each of the counties visited. Staff of the local public health department joined the team. One large farm labor camp in Sutter County, five areas of Fresno County (including a farm labor camp) and five locations in Imperial County were visited, these areas having been selected by the local health department staffs.

Interviews were conducted at every other house in large areas; in smaller settlements or where many houses were vacant because of crop demands elsewhere, every house was selected for interview. Questions used in the interviews related to health problems and health needs. Interviews were conducted in Spanish or English as the situation warranted.

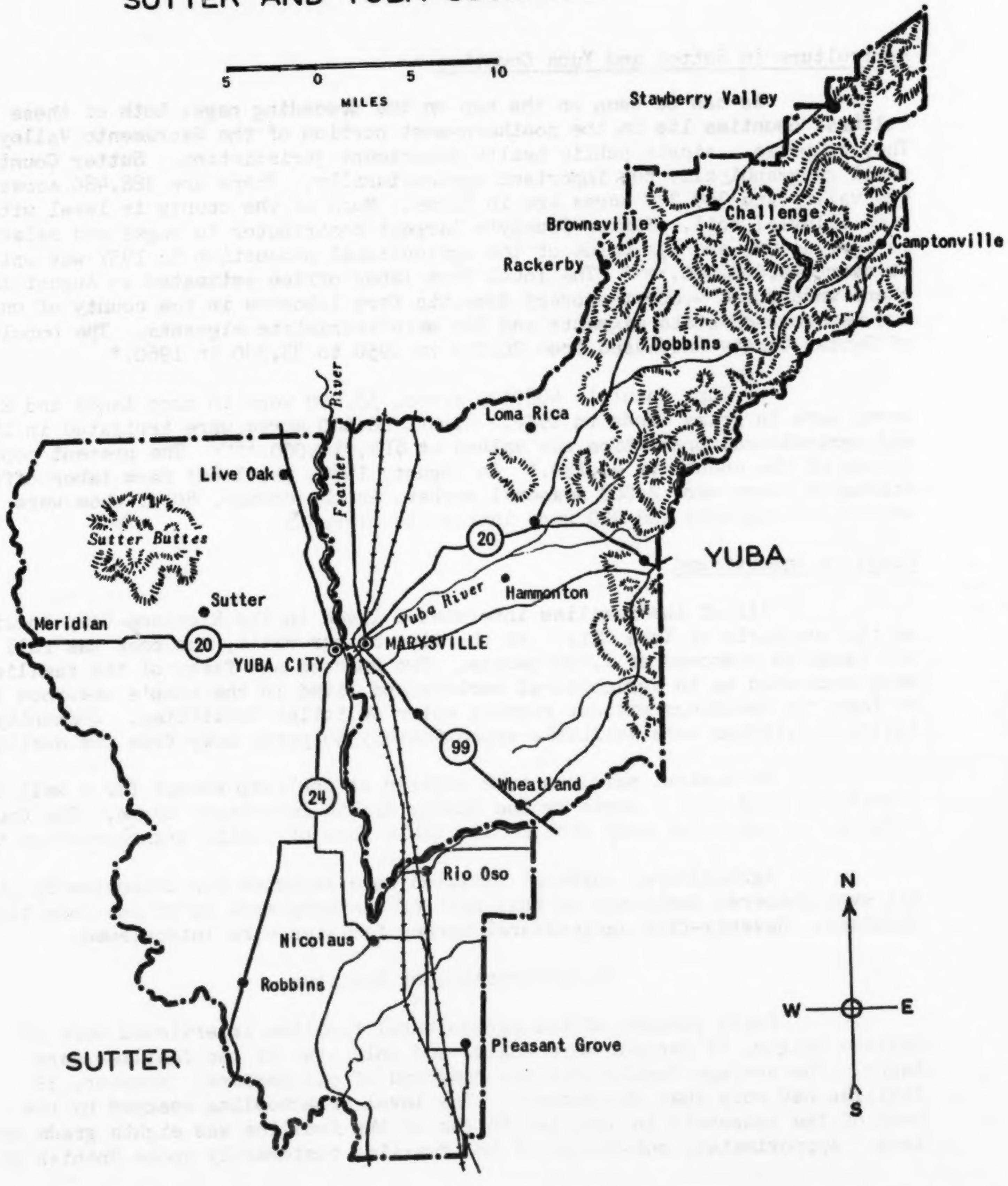
The definition of "agricultural family" used in the interview data was a family in which at least one member of the family was employed in farm labor during the preceding 12 months.


DEL NORTE
SISKIYOU
MODOC
HUMBOLDT
TRINITY
SHASTA
LASSEN
TEHAMA
PLUMAS
MENDOCINO
GLENN
BUTTE
SIERRA
LAKE
COLUSA
YUBA
SUTTER
NEVADA
PLACER
SONOMA
YOLO
NAPA
EL DORADO
ALPINE
SACRAMENTO
AMADOR
SOLANO
MARIN
SAN JOAQUIN
CALAVERAS
CONTRA COSTA
TUOLUMNE
MONO
S.F.
ALAMEDA
SAN MATEO
STANISLAUS
MARIPOSA
SANTA CLARA
MERCED
SANTA CRUZ
MADERA
FRESNO
INYO
SAN BENITO
TULARE
KINGS
MONTEREY
SAN LUIS OBISPO
KERN
SAN BERNARDINO
SANTA BARBARA
VENTURA
LOS ANGELES
RIVERSIDE
ORANGE
SAN DIEGO
IMPERIAL

Location of Counties Studied in Present Report

California 1960

SUTTER AND YUBA COUNTIES


5 0 5 10
MILES
Stawberry Valley
Challenge
Brownsville
Camptonville
Rackerby
Dobbins
Loma Rica
Feather River
Live Oak
Sutter Buttes
20
YUBA
Hammonton
Yuba River
Sutter
Meridian
20
YUBA CITY
MARYSVILLE
99
Wheatland
24
Rio Oso
N
Nicolaus
Robbins
W
E
SUTTER
Pleasant Grove
S

Sutter and Yuba Counties

Agriculture in Sutter and Yuba Counties

As can be seen on the map on the preceding page, both of these agricultural counties lie in the southern-most portion of the Sacramento Valley. They comprise a single public health department jurisdiction. Sutter County is small geographically but important agriculturally. There are 388,480 acres in the valley and 369,349 acres are in farms. Much of the county is level with rich alluvial soil. Sutter County's largest contributor to wages and salaries is agriculture and the value of the agricultural production in 1957 was estimated at over $40,000,000.(20) The local farm labor office estimated in August that there were about 4,000 temporary domestic farm laborers in the county of whom 200 were out-of-state migrants and 700 were intrastate migrants. The population of Sutter County increased from 26,239 in 1950 to 33,350 in 1960.*

Of Yuba County's 408,000 acres, 56,000 were in crop lands and 210,000 acres were in grass lands in 1957. Almost 60,000 acres were irrigated in 1957 and agricultural production was valued at $14,312,000.(20) The present population of the county is 40,230.* In August, 1960, the local farm labor office estimated there were 2,000 seasonal workers in the county, 80 of whom were interstate migrants and 400 were intrastate migrants.

Families Interviewed

All of the families interviewed lived in the Richland Camp located on the outskirts of Yuba City. At the time of our visit, the camp was full with 365 families composed of 1,600 people. Two hundred and fifty of the families were indicated to be agricultural workers and lived in the camp's one-room 12 x 20 foot tin dwellings without running water or toilet facilities. Community toilet facilities were available approximately 50 yards away from the dwellings.

No medical services were offered at the camp except for a well child conference held once a month by the County Health Department nurse. The County Hospital is two miles away with no available form of public transportation to it.

Agricultural workers' families were selected for interview by choosing all even numbered dwellings in that part of the camp made up of one-room tin shelters. Seventy-five agricultural worker families were interviewed.

Characteristics of Families

Forty percent of the agricultural families interviewed were of Mexican origin; 47 percent were Anglos and only six of the families were Negro. The average family unit was composed of six persons. However, 32 families had more than six members. The level of schooling reached by the head of the household in over two-thirds of the families was eighth grade or less. Approximately one-fourth of the families customarily spoke Spanish at home. In about one-fifth of the households interviewed, one member was a non-citizen. In almost one-half of the families, children under 18 years of age were employed. Half the families reported working only three to nine months during the previous year. Fifty-nine percent of the families had lived in the State three years or longer; but 30 percent had lived in the State less than a year. The average number of moves in one year was three. Seventy-two of the 75 families had moved once, or more, during the preceding year in order to find farm work.

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* Estimated by California State Department of Finance, July, 1960. From Preliminary U. S. Census Field Reports, 1960.

Health and Health Services

Direct observations of the health of these families supported strongly the judgment of community leaders that more health services need to be made available and that many families need help to use them better. More than two-thirds of the families reported having no family physician anywhere and almost 90 percent reported no health insurance of any kind.

They had received little preventive medical services. About two-thirds of the children under three years of age had not been immunized against diphtheria, whooping cough, lockjaw or smallpox. About two-thirds of the children under 18 years of age had not received any poliomyelitis immunization.

These families, who were moving with the crops, appeared to have the vigor needed for long, hot, hard days of work. The demands of the job required that they be free of incapacitating disease. Even so, there were many indications of ill health. A severe epidemic of infectious diarrhea was in full swing during the interviews. Almost every family seen had diarrheal disease at the time of interview or had had symptoms during the preceding weeks. Eight infants had been hospitalized for epidemic diarrhea at the County Hospital in July. If a family worked for even a few hours, they considered themselves well. If immobilized by symptoms, they then admitted illness and began to look for help from the County Hospital, private physicians, druggists or their neighbors. Often they looked for this help too late to prevent serious consequences of illness.

One "Richland" baby had been taken to the County Hospital with high fever and diarrhea the day before the interview. Another was referred to the County Hospital during the visit. The primitive refuse disposal, antiquated community plumbing, as well as crowded, one-room living quarters without running water, and with as many as five children sleeping in a single bed, were felt to be contributing factors in this epidemic.

Untreated contagious skin infections, acute febrile tonsillitis, lymphadenopathy, asthma, pregnancy without any prenatal care, iron deficiency anemia in children, important disabling physical handicaps that were receiving no medical attention, chronic disorders in adults ranging from hemophilia to pulmonary disorders, congenital heart disease, dental caries and arthritis were encountered which were not receiving suitable follow-up. These deficiencies were often due to the family's lack of knowledge of existing services; lack of transportation; and their failure to recognize need for medical assistance, and follow-up for more than emergency care.

During one of the nights of the visits to "Richland," a child was struck by a car in the crowded, poorly lighted streets of "Richland" and spent the night in the County Hospital for observation with possible head injury.

The case of one of the families interviewed highlights the problems of all. This family, living in the labor camp at Richland, has lived in California for two years and has been at the present address one month. The father was born in Oklahoma and the mother in Kentucky. There are four children, one, three, five and six years of age. The father has had no formal education, and the mother cannot read or write, although she finished third grade.

The four children share one bed in the one-room tin shelter. There is no water or plumbing in the shelter. They carry water from an outside community hydrant for drinking and cooking purposes, and use the common toilet facilities of the camp 50 yards away. Although these facilities are clean, the toilets are on a concrete floor with no toilet seats and no toilet paper. The lavatories have hot water if one gets there early enough in the morning; the supply is soon exhausted.

The family is plagued with medical problems - the father has stomach ulcers but has not returned to the Veterans' Hospital in San Francisco for treatment as he has been advised to do. The six-year old boy spent three months in the County Hospital two years ago for treatment of a wringer injury of his arm which had been neglected by his parents until serious complications arose. At that time, he was taken to the County Hospital by the camp manager. The five-year old girl is a deaf mute; the parents have not taken her to a physician for three years. They are now concerned about her since she is due to enter kindergarten, can speak only three words and cannot hear. It was the impression of the interviewing doctor that she was an intelligent child badly in need of medical re-evaluation and treatment. The one-year old had diarrhea two weeks ago and was treated in the out-patient clinic of the County Hospital. The mother had to carry him to the hospital two miles away because the father had the car in the fields.

Sanitation

None of the families interviewed had inside running water or private flush toilets. All had access to community water taps and toilet facilities. About two-thirds of the families had some means of refrigerating their food. Thirty-one families, about 40 percent, had six or more persons per room.

Insufficient maintenance help in the camp resulted in dirty toilets and bath houses as well as in faulty, accident-provoking equipment and inadequate garbage pick-up.

Interviews with Community Groups

Interviews with practicing physicians, county health and welfare department personnel, administrative officers of the County Hospital and other interested persons in both counties during August of this year, suggest that extension of health facilities and health services to agricultural workers and their families are needed, particularly during the peak season of peach and apricot picking in July, August and September. The problem of increased load during these months on the County Hospitals which are already operating at 90 percent of capacity with minimal staff was pointed out. In Yuba County, for example, one physician runs an 82-bed County Hospital, including the emergency service, and an out-patient clinic handling 9,000 patient visits during a year. Prenatal and well-child clinics of the Bi-county Health Department were particularly indicated as a program which should be extended to these agricultural workers. It was felt that these clinics could also be used to give these workers limited out-patient treatment through close cooperation with the County Medical Society.

The opinion was expressed that the out-of-state migrants seemed to be increasing in number this summer (1960). They are coming from Washington, Oregon, Oklahoma, Arkansas and from the upper San Joaquin Valley to pick peaches.

Suggested methods of meeting the needs of the seasonal agricultural workers in Sutter and Yuba Counties are included in the following letter from the Health Officer of the Sutter-Yuba Health Department.

Local Assessment of the Problem

COPY

SUTTER-YUBA HEALTH DEPARTMENT
370 Del Norte Avenue
Yuba City, California

August 24, 1960

R. Bruce Jessup, M.D.
Task Force
Seasonal Agricultural Workers Health Problems
State Health Department
2151 Berkeley Way
Berkeley, California

Dear Doctor Jessup:

Your interest in the health problems of seasonal agricultural workers is most gratifying to me. You and your staff did a mighty excellent job of seasonal health research in our big Yuba City migrant labor housing area.

In view of the problems existing in the local community, which are virtually beyond the scope of our immediate public health services, namely:

1. Prenatal clinics for agricultural workers.
2. Child health conferences for agricultural workers.
3. Health education services for agricultural workers, including sanitation.
4. A Spanish speaking worker because of communication problems.
5. Need of extra help for that public health nursing area.
6. Adult health conferences for counsel, for diagnosis and treatment if no other was available.

Accordingly, I want to definitely place myself and this health jurisdiction on record as being interested in promoting such extra services in this community, and that I am decidedly interested in receiving State subsidy for the extension of such health services to seasonal agricultural workers locally.

Further, there is each harvest season, a high increase in gastro-intestional diseases locally among agricultural workers because of lack of facilities now provided. These diseases also cause a rise in cases reported in residents also. It is nothing less than a disgrace that facilities have not permitted services for prenatal care to these workers.

Following your visit, our staff did rectal swabs on about 100 cases giving a history of dysentery in the labor housing area. Our laboratory will be reporting these out late today.

If and when an application for funds for the above mentioned services is in order, I would appreciate being given favorable consideration.

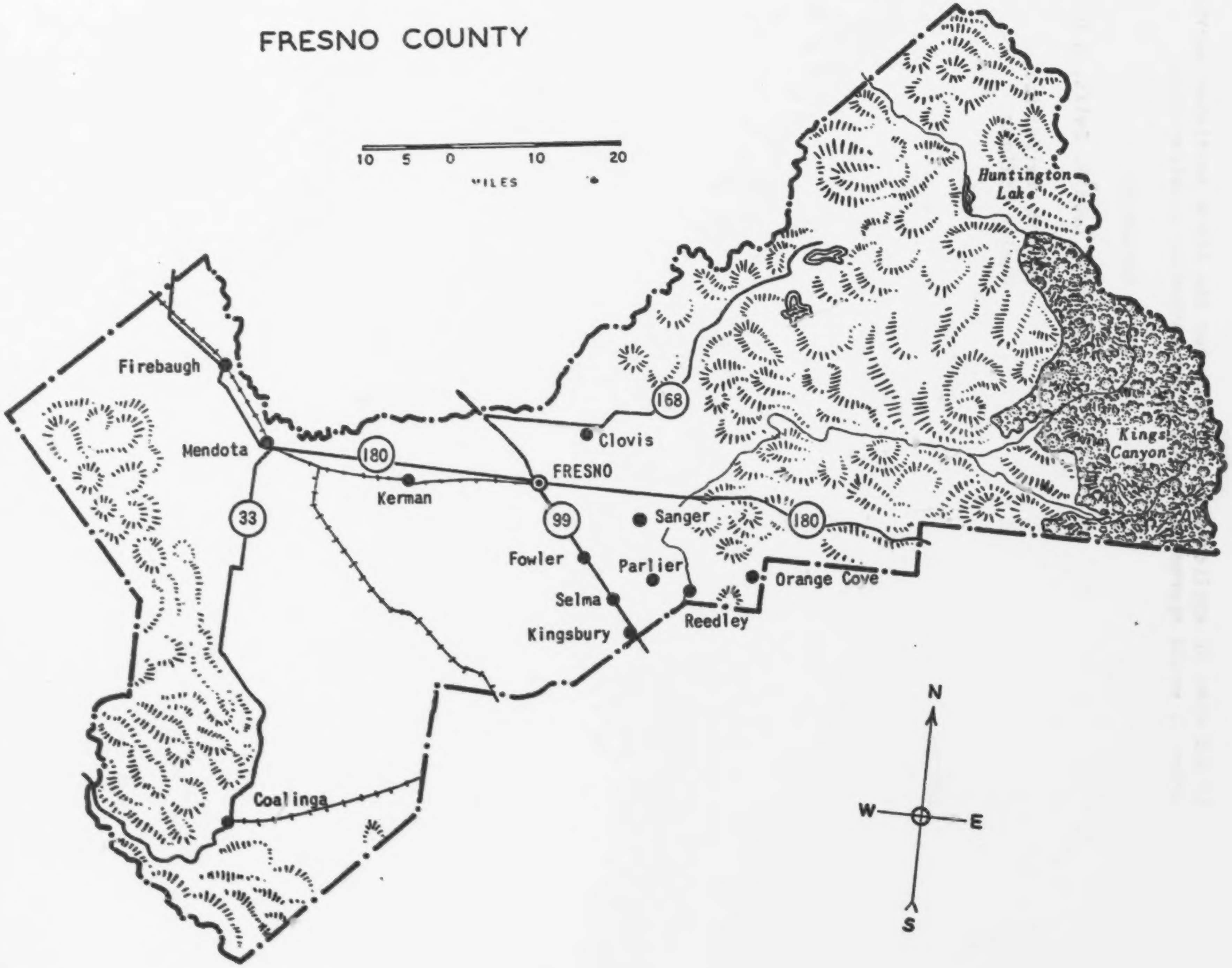
Cordially,

/s/ Leon M. Swift, M.D.

Leon M. Swift, M.D.
Health Officer

LMS:ju

FRESNO COUNTY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LABOR CAMPS
FRESNO COUNTY
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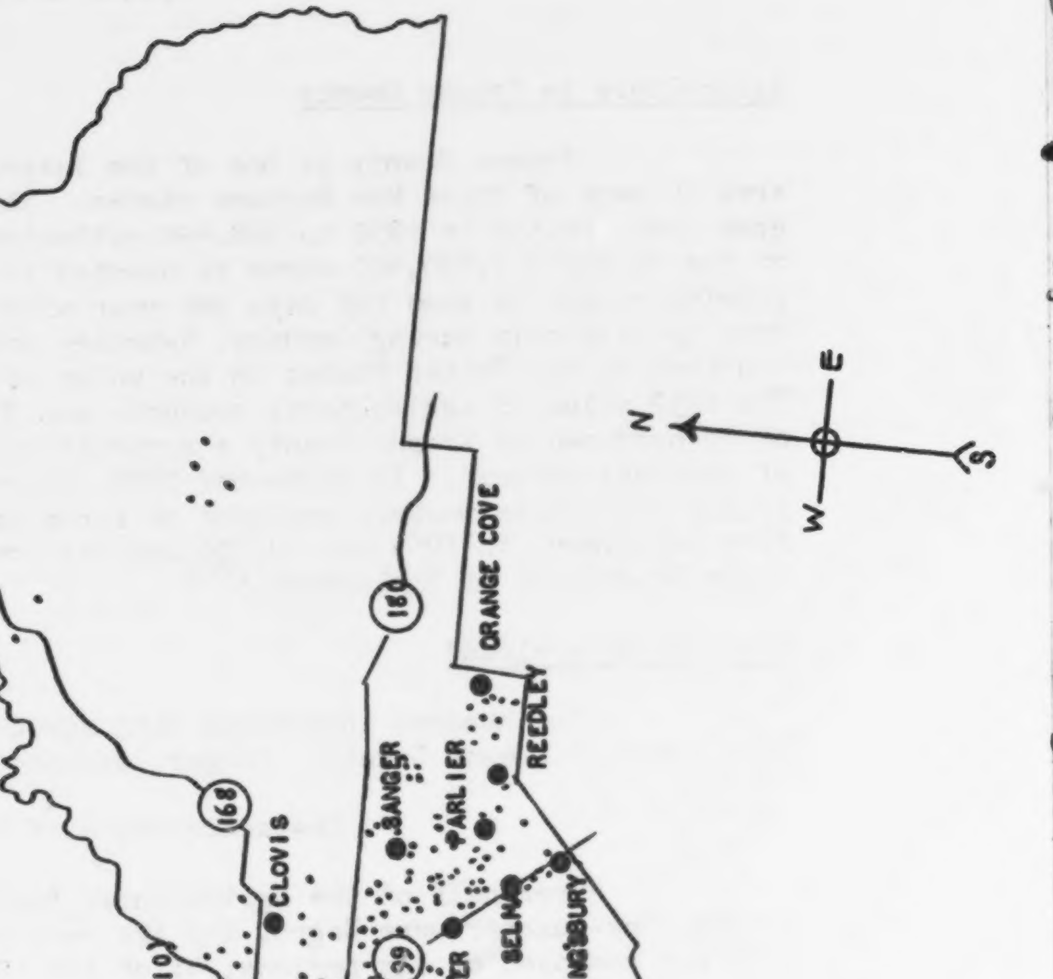
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Source: State of California Department of Industrial Relations, Division of Housing (September 1960)

Fresno County

Agriculture in Fresno County

Fresno County is one of the largest in the State, the equivalent in area to each of three New England states. The total population of the county grew from 276,515 in 1950 to 368,490 estimated in 1960.* Fifty-seven percent of the County's 3,830,400 acres is devoted to diversified agriculture. The growing season is some 292 days per year with the agricultural industry shut down by rain only during January, February and March. Fresno has led all other counties in the United States in the value of its farm production for many years. The 1959 value of agricultural products was $390,211,118.(30) The types of crops produced by Fresno County's agricultural industry require a large number of seasonal workers. In September 1958, there were 5,500 interstate and 12,291 intrastate workers employed on farms in the county.(12) Fresno's peak farm employment in 1959 was 78,800 and its low was 46,100, according to the State Department of Employment.(64)

Families Interviewed

One hundred interviews with agricultural families were conducted in five areas of Fresno County: Sanger, Jericho, Parlier, East Mendota and Firebaugh.

Characteristics of Families

Over half of the agricultural families interviewed were of Mexican origin, one-quarter were Negro, and the rest were Anglo. The average family unit was composed of six persons; 41 of the 100 families had more than six members. The level of schooling reached by the head of the family in over two-thirds of the group was eighth grade or less. Over one-third of the families customarily spoke Spanish at home. In less than one-fifth of the families interviewed was one or more members a non-citizen. In one-third of the families, children under 18 were reported to be employed. About two-thirds of the families reported working three to nine months during the previous year; only one-third from nine to 12 months. Seventy-nine families had lived in California three years or longer; only 12 families had lived in the State less than one year. Eighty-two families had not moved during the preceding 12 months.

Health and Health Services

The people in these areas appeared less vigorous than those at the Richland Camp and the predominance of chronic diseases was striking. One-half of the families had no family physician; 87 percent had no health insurance of any kind.

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* Estimated by California State Department of Finance, July, 1960. From Preliminary U. S. Census Field Reports, 1960.

They had received little preventive medical services. Fifty-nine percent of the children under three years had not received immunizations against diphtheria, whooping cough, lockjaw or smallpox. Fifty-eight percent of those under 18 had not had poliomyelitis immunization. Fifty-eight percent of the adults had not had a chest x-ray in the past year.

The need for chronic disease follow-up was repeatedly documented; for example, in children with nutritional anemia and persistent respiratory infections and in adults with incapacitating Parkinson's disease, congestive heart failure, crippling rheumatoid arthritis. Severe dental disease was almost universally observed. Ill mental health was reflected in many instances of family breakdown. In one family, for example, one of the two children was reported in a federal penitentiary for murder; the other had departed two weeks before the interview to the California Youth Authority. There were frequent examples of medical neglect by families who lacked knowledge of eligibility for available services or the transportation to reach them.

The "P's" are one such family. They live 40 miles from the County Hospital. Mrs. P. was interviewed in Spanish. She had been born in Texas. She was 35 years old and had never attended school. Her husband, who worked in the fields, was 55; he was not a citizen of the United States. There were, in addition in the family, a four-months old baby and four other children, 16, 10, seven and two years old.

The P's have lived in California since 1956, and at their present address since 1957. The family had had several health problems during the preceding year, including the mother's pregnancy, the father's anemia and chronic asthma in the seven-year old girl. The baby had a fever and was sick with an upper respiratory illness at the time of the interview. Although the family used the County Hospital for major illnesses, they lived too far away to allow any consistent plan of treatment, particularly for the seven-year old asthmatic.

Sanitation

Less than half of the agricultural families interviewed had a water tap in their homes. Seven families had to haul water and the remainder used community taps located outside the dwellings.

About two-thirds of the families had no private flush toilets; less than one-third had community flush toilets. About one-fourth of the families interviewed had private privies and six families used community privies.

One-fourth of the families interviewed had no means of refrigerating their food.

More than half of the families had two or three persons to a room and 22 families had four or more persons per room.

Interviews with Community Groups

Physicians, growers, health and welfare department officials, representatives of education and of voluntary agencies were interviewed. Many of these individuals saw a need for the extension of health services to the seasonal agricultural worker and many suggestions were made regarding possible solutions to the problem. Almost all indicated that distance of medical care facilities from the seasonal agricultural workers' homes, the lack of health education, and the cost of medical care were barriers to the utilization of present facilities by these people. Some individuals mentioned that residency requirements were a problem. Expansion of decentralized out-patient clinics was suggested as one method of attacking the problem. A comprehensive statement of the views of the Fresno County Rural Health and Education Committee is given in the letter quoted on the following pages.

Local Assessment of the Problem

COPY

September 9, 1960

Bruce Jessup, M.D., Director
Rural Health Project
California State Department of Public Health
2151 Berkeley Way
Berkeley, California

Dear Dr. Jessup:

Among the agricultural workers in Fresno County, attitudes toward health and willingness to seek or follow medical advice vary as they do in other segments of our population. The health and hygiene problems are those which are found in any group with low average income, large families, and limited educational backgrounds. A large proportion of the farm workers have settled and remain in Fresno County, often in blighted areas. For the migrants, travelling and living conditions are conducive to the spread of infection and disease. There is little or no health insurance coverage. These and other health problems indicate a need for action along preventative and remedial medical lines for agricultural workers.

As we understand your request, Dr. Jessup, you wish us to define our local health problems and to suggest specific action programs for their alleviation. As you know, numerous exploratory meetings of concerned citizens' groups have met; these have included representatives from farmer organizations, governmental units, private agencies, and other civic groups. In Fresno County we feel that community wide expression of opinions and feelings is imperative to assure intelligent study of any problems which concern our people. Basic to any recommendations, we wish to stress the need for using existing agencies and services to implement a state-local program.

The following material is a compilation of many points of view; we do not presume to represent or to commit any particular group. We recognize that the short period of time for study that we were necessarily allotted did not permit us to undertake any exhaustive analysis. However, most of the people we have involved in the project brought breadth and depth of understanding as a result of their long familiarity with farm workers.

The following five problems were defined as rating high priority, but it is recognized that there are others:

(1) Failure to use medical services
Many agricultural workers need but do not use existing medical services. For example, a measurable medical care problem is the lack of pre-natal care in Fresno County. At the Fresno County General Hospital two-thirds of the women delivering babies have had no or inadequate pre-natal care under the advice of a physician; one-third of the number of women who deliver in private hospitals fall within this category.

(2) Distance between services and people
Except for the Fresno County Night Clinics, indigent health services are mainly concentrated in the City of Fresno, whereas a significant number of the farm workers live at least thirty or forty miles removed. Another kind of distance exists; one of understanding the availability of health services on the part of farm workers.

(3) Multiple problem families
Through surveys accomplished in other areas, it has been shown over fifty percent of a community's health and welfare services are working with as few as ten percent of the population. Among this small number of people are the "hard core" multiple problem families. The family in this group often has major health problems, economic dependency, maladjustments, and too frequent police contacts. Undoubtedly, many of the multiple problem families in Fresno County depend upon farm work.

(4) Lack of coordination of services
Frequently agencies do not fully communicate with one another regarding their programs, even when serving the same area or clients. There has not existed a coordination of leadership and of services related to agricultural workers. Our efforts in the past have been too often in the form of bits and spatters. Consequently, neglect of needs, services, and overlapping has resulted.

(5) Paucity of adequate housing
Sub-standard housing invites unsanitary living conditions and the probability of disease. The Fresno County fringe areas where many agricultural workers reside are blighted; for example, there exist water and sewage disposal problems.

In relation to the above and other problems, we shall now suggest services for their alleviation.

(1) Need for social research and health education
This area of service was most stressed in the numerous exploratory meetings. Educational programs on personal and community hygiene should be carried on in the fringe areas of our cities, at labor camps, and at the home base of migratory workers.

There is need for investigation to learn some of the cultural blocks to the use of health knowledge and to devise techniques for changing attitudes and developing constructive health habits among farm workers. The public schools, the public health department, the agricultural extension service and other organizations could play meaningful roles. Could the state help develop audio-visual aids that could be used by these agencies and on television?

(2) Broad coverage for medical and hospital insurance for agricultural workers

The main stream of medical care in Fresno County is provided through the private practitioner. Whenever possible, agricultural workers should have the opportunity to use the services of private physicians. Through a multiple sponsored insurance program, farm workers might be able to better realize this possibility. Exploration in this regard should be made with the Fresno County Medical Society's Foundation insurance program.

(3) More field work personnel

In relation to the unmet medical needs, there is a shortage of trained personnel to provide services. More public health nurses, sanitarians, social workers, nutritionists, dental hygienists, home advisors, and others should be employed.

(4) Integration of social services related to multi-problem families

There is need in Fresno County for a plan to have our social services integrate their programs to provide intensive assistance to the multi-problem families in specific high-problem core areas where these families are usually concentrated. Under the plan, the agencies might join in providing intensive services to these multi-problem families in two or three fringe neighborhoods in a war against economic dependency, medical indigency, and disordered behavior.

The plan should include placing in each of the selected neighborhoods a task force made up of staff members of the various agencies, social workers, health personnel, school counselors, probation leaders, group work leaders, and others. Each task force might be related to a council of neighborhood leaders. This type of approach would help these people to help the professional services on the tough road to self-reliance and inner strength. Could this type of project be financed by the state as a pilot project?

Thus, a major solution to assisting the agricultural worker, the grower, and the community is a coordination of leadership and of services.

(5) Provide a pre-natal care program in the existing well baby clinics

The Fresno Night Clinics presently provide a pre-natal care program. This program could easily be expanded at the existing thirty well baby clinics. In addition, the use of social workers, health educators and nutritionists in well baby clinics might be explored.

(6) Home care from nursing and auxiliary personnel

The use of a multi-discipline team as an extension of medical services into the home would help to provide the needed continuity of care. Fresno County has no Visiting Nurse or Homemaker services. If these were established, they should give special attention to the agricultural workers.

(7) Improved transportation facilities
Just the problem of getting to and from medical services is difficult for many farm workers. It has been suggested that some kind of bus token or station wagon service be financed by state funds.

(8) Possible state scholarships to attract more rural area doctors
The dearth of doctors in the rural areas is a major problem. Perhaps the State of California can subsidize doctors to locate in these areas.

(9) School lunch program
A review of the school lunch program might enable a larger number of youths in need to avail themselves of it.

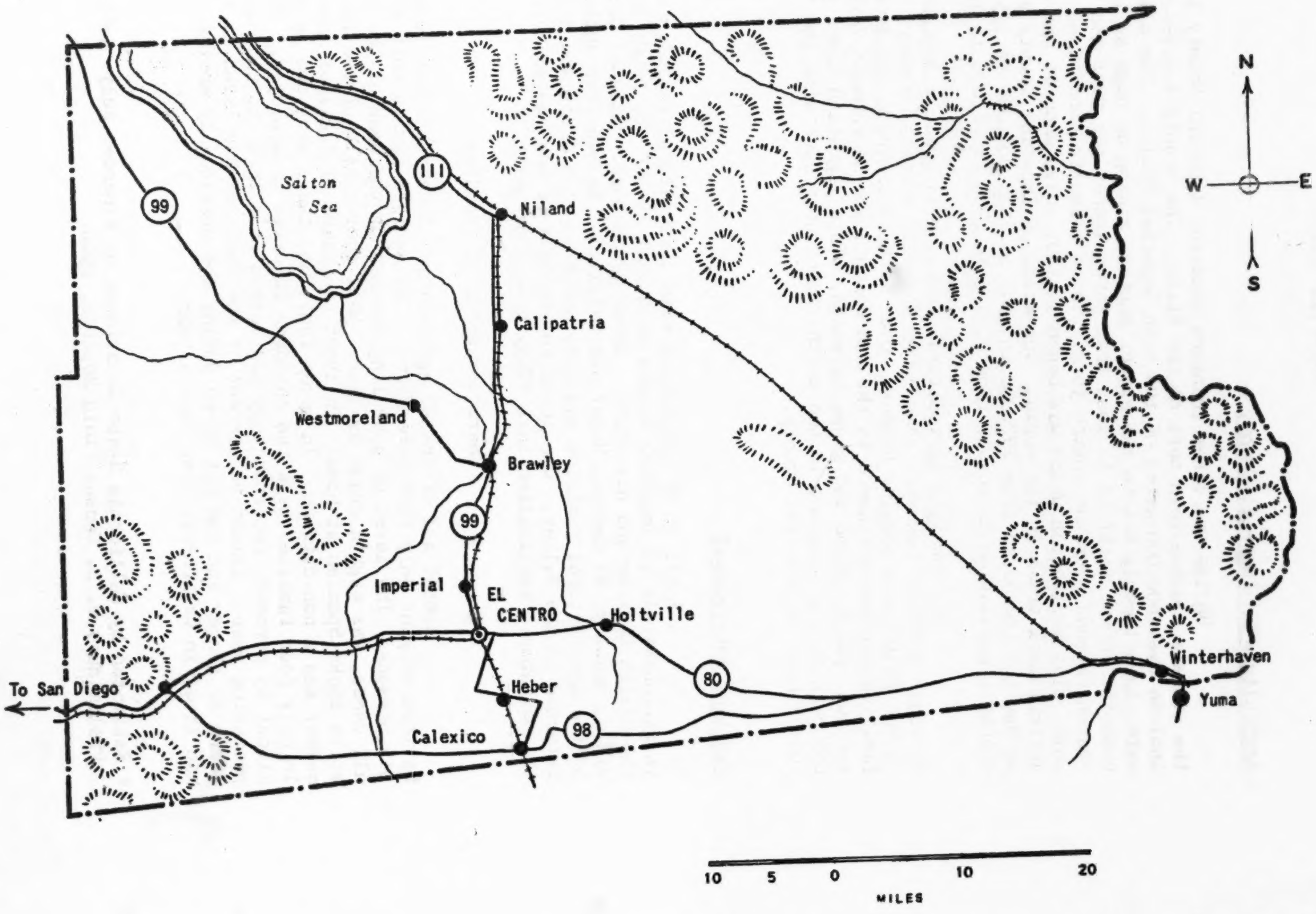
(10) Expanded housing services
Could the State of California provide low interest and long term loans to enable the farm workers to construct adequate housing? Could the State Housing Act include non-incorporated communities like East Mendota and Jericho?

In closing, we wish to thank you for the time which you allotted to our community in order to study with us some of our health needs. Of course, we are interested in your program. If we can provide you with any additional information, we shall be most happy to do so.

Very sincerely yours,

J. P. Benson, Chairman
Rural Health and Education Committee

IMPERIAL COUNTY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Imperial County

Agriculture in Imperial County

Unlike the other counties studied, Imperial County is located in the extreme southeastern part of the State. The county's 2,742,000 acres include over 600,000 acres of the rich Imperial Valley. The climate, always warm, is extremely hot in the summer months, rising as high as 120° F. The county's annual rainfall is less than three inches per year and the growing season extends over the entire year. These climatic conditions and the rich soil, plus irrigation which was begun in 1901, have made it one of the unique agricultural areas in the world. The value of Imperial County's agricultural production increased from $92,000 in 1947 to $136,000,000 in 1957.(20) The county's population increased from 62,975 in 1950 to 71,030 in 1960.*

The county's agricultural industry is greatly dependent on Mexican national workers; however, some 3,000 domestic seasonal workers are also utilized in the fields and packing houses. Over a third of these resident agricultural families migrate northward to the San Joaquin and Sacramento Valleys during the apricot, peach, prune and grape harvests. This migration takes place during the peak harvest seasons in the north, which coincides with the time of extreme summer heat in Imperial County.

Families Interviewed

A total of 47 interviews with agricultural families were completed in various areas in Imperial County on August 29 and 30, 1960, as suggested by the Health Officer and his staff. These areas were: Niland, Calipatria, Holtville, Brawley, El Centro, Heber and Calexico. As had been anticipated, many of the agricultural families had gone north to pick fruit and had not yet returned to the Valley. One-third to one-half of the houses were vacant with the neighbor's explanation that "They have gone north."

Characteristics of Families

Almost all of the 47 agricultural families interviewed were of Mexican origin; only five were Negro. The average family unit was composed of six persons. The level of schooling reached by the head of the family in almost all cases, was eighth grade or less. Well over a half of the families customarily spoke Spanish at home. In about one-third of families interviewed, one member was a non-citizen. In seven families, there were two or more non-citizens. In only four families were the children reported as employed. Thirty families, almost 65 percent, reported they had worked from three to nine months during the preceding year. Almost 90 percent of the families had lived in the State three years or longer and had not moved during the previous 12 months. Only one family had lived in California less than a year.

* Estimated by California State Department of Finance, July, 1960. From Preliminary U. S. Census Field Reports, 1960.

Health and Health Services

These families, like those in the fringe areas of Fresno, lacked real vigor and reported considerable chronic disease, the very nature of which made distance to medical care, usually the County Hospital, an insurmountable problem. Many had seen a physician at least once in the past year but most medical contacts were on a one-shot crisis basis. Dental disease was prevalent. Forty-three percent indicated that they had no family physician. Over 90 percent had no health insurance of any kind.

They reported little use of preventive medical services. Forty-five percent of the children under three years of age had not received immunizations for diphtheria, whooping cough and lockjaw, and sixty-two percent had not been vaccinated for smallpox. Forty percent of those under 18 years of age had not received a single poliomyelitis immunization. Sixty percent of the adults had not had a chest x-ray in the preceding year.

A typical situation was that of the L family, consisting of Mr. L. born in Mexico, his wife, born in Colorado, and their six children, born in Washington. They've lived here 16 months and consider themselves residents of California, although they still go up to Washington every year. Mr. L. is a farm laborer with fifth grade education.

The six children are all under nine years of age and none have had vaccinations for smallpox or immunizations against diphtheria, tetanus or whooping cough.

The father had recently gone to the County Hospital because of pains on urination; the mother didn't know the outcome of the examination. The seven- and eight-year old children had suffered from tonsillitis the previous month and had also gone to the County Hospital clinic where "shots" and medication had been given. The two-year old girl had been found earlier at the County Hospital to have infected lymph glands in the neck and was described by her mother as "real nervous."

Sanitation

Twenty-five percent of the families lived in houses with no inside running water. About one-third of the families had private privies, almost one-fifth used community privies and only one-third had private flush toilets. The rest had access to community flush toilets. Eighty-seven percent of the families had some means of refrigerating their food. Thirteen families, almost one-fourth, had four or more persons per room.

Interviews with Community Groups

Information on health needs of domestic workers was obtained from interviews and discussions with growers and with medical personnel on visits in July, 1960. Among the foremost problems in providing services for Imperial County's seasonal agricultural workers and their families were understaffing in the County Health Department and the County Hospital, distance of these facilities from their homes, lack of transportation facilities to the existing medical facilities, and failure on the part of the seasonal workers to obtain more than emergency medical care. Twenty to thirty percent of the 75 applications per day for in- and out-patient care at the County Hospital are out-of-county and out-of-state residents during certain seasons of the year.

It was estimated that close to 90 percent of the patients at the Imperial County Hospital obtained their main income from agricultural work, while in the child health conferences of the Imperial County Public Health Department, out of 1,479 current parent registrations, 690 listed farm labor as their primary occupation.

A local assessment of the problem and recommended solutions are contained in the letter from the Imperial County Health Officer on the following three pages.

Local Assessment of the Problem

COPY

IMPERIAL COUNTY HEALTH DEPARTMENT
935 Broadway
El Centro, California

September 14, 1960

Bruce Jessup, M.D.
Department of Pediatrics
Stanford School of Medicine
Stanford, California

Dear Dr. Jessup:

I am submitting this letter to your committee in response to your request for a summary of the health problems of domestic agricultural workers in the Imperial Valley. A brief synopsis of the local economic situation would serve as an appropriate introduction to this report.

The annual income in Imperial Valley from agricultural production is estimated at $137,000,000 for the year 1959. Over half of this production is in field crops, fruits, and vegetables. Livestock feeding, seed production and other specialty crops make up the rest of this production. Harvesting and farm operations tend to be seasonal with a peak season beginning about the first of October, lasting until the end of June. Nearly all industrial production is related to and depends upon agriculture. Such industries are sugar beet refining plants, meat packing, vacuum cooling and packing for vegetables, fertilizer manufacture, farm implements, etc. In a word, then, the economy of Imperial Valley is almost purely agricultural.

Although Imperial County utilizes a large Mexican national labor program, this area still supports a domestic agricultural workforce of considerable size. These domestic workers spend varying amounts of time following crops in northern counties while maintaining legal residence in the Valley. The families of these workers subsist on a marginal income which limits their ability to purchase medical services. They usually do not carry medical insurance. Even though most of these families manage to stay off welfare rolls, they are indigent for medical care and seldom seek such care unless they are seriously ill. When they do come to the attention of County Hospital clinics or Health Department programs, a very liberal eligibility policy is employed with the result that all present services in Imperial County are taxed to capacity. Caseloads in all programs, run under a new administrative setup for health services, have shown increases. As Director of Health Services in the county, I am administratively responsible for medical services rendered in the Welfare Department, Health Department, County Hospital, Tuberculosis Sanatorium and other county financed programs. The purpose of this overall administration is to coordinate and integrate health services rendered to the public.

A survey made in the month of August for the purpose of preparing this report, indicated that over half of the people served in all the health services listed agricultural labor as their employment. This survey was conducted in the out-patient department of the County Hospital, in the child health conferences, in the venereal disease clinic and in the in-patient load at the County Hospital.

Because we believe that this new health program is reaching more agricultural workers who are medical indigents, and because we anticipate a sharp increase in caseloads in all these programs when the harvest season begins, we recommend to your committee that any funds allocated to this county for expansion of health services to agricultural workers be used to augment this program as it is presently organized. We believe that it would be unwise to create any new administrative structure for attempting to expand services to agricultural workers in this county. We have held meetings with the local Medical Society designed to improve the overall medical care program for indigents in the county. We believe that this cooperative approach, on the part of the Director of Public Health Services and the local Medical Society, offers a favorable setting for the efficient expenditure of funds to expand services to agricultural workers who are indigent. We believe that, in broad terms, a local program could be instituted which would:

1. Expand the eligibility at County Hospital to patient ineligible because of residence requirements. We would recommend, in addition, that reciprocal agreements with other agricultural counties be expanded and made uniform.

2. To expand child health conferences and out-patient clinics which are presently being held by the Health Department all over the county.

3. To enlist the aid of local physicians residing in remote geographical areas of the county for the purpose of providing services either in their offices or, if necessary, in specially organized clinics near clusters of agricultural workers. Both the Public Health Department and private physicians could emphasize a preventive program in this group by increasing immunizations, tuberculosis skin testing and x-rays, prenatal and postnatal guidance and the handling of acute out-patient illness in adults.

4. Support for services designed to transport patients to facilities could be given consideration.

5. Supplementation of public health nursing staffs, in particular, would enable us to carry out an expanded program.

Whatever program is developed with State subventions, should be planned locally by the local Director of Public Health Services and the Medical Society in consultation with the Board of Supervisors. This program can best be built into the new public health services program which is being developed now in Imperial County.

Imperial County has long carried a heavy indigent caseload in both their Welfare Department and public health services. It continues to report the highest rates in the State of California for neonatal mortality, infant mortality, tuberculosis, and venereal disease. There is little doubt that these high rates are coming predominantly from the lower income brackets, the majority of whom list their occupation as seasonal agricultural workers.

Yours sincerely,

PAUL F. O'ROURKE, M.D., M.P.H.
Director of Health Services for the
County of Imperial

PFO:kt

Part IV

SUMMARY AND CONCLUSIONS

> "They are living testimonials to the poverty and neglect that is possible even in our wealthy and dynamic democracy that prides itself on its protection and concern for the individual. Behind the screen of statistics . . . we see families crowded into shelters that are more like coops for animals, with children undernourished and in poor health, two or three years behind in school, with little chance to develop their talents and become fully useful to themselves or their country. This is the ugliest kind of human waste. The pride of the migrant and his family is a charge on the conscience of all of us." *

Studies of the seasonal agricultural worker in California and throughout the Nation during the last three decades have shown with remarkable unanimity that these people have more medically uncorrected conditions, lower utilization of preventive medical care, and higher morbidity and mortality rates than any other socio-economic group in our population. The conditions necessary for the realization of better medical care for these people are summarized here to re-emphasize the steps needed to make good medical care really available to these people in California.

1. Availability and Accessibility of Health and Medical Facilities: The locations of county hospitals and public health facilities are generally distant from the areas where agricultural families live and work. There has been very little decentralization of health facilities. The barrier of financial and residence requirements renders the services of the county hospital unavailable to many of those who need it most. The time of day at which most health services are offered is seldom at hours when entire families can use them, or when the family car is available without loss of work. Public transportation is usually absent in outlying rural areas. The success of the decentralized clinics of Fresno County demonstrates that these people will use health facilities if they are available and accessible.

2. Early Diagnosis and Treatment: These people usually obtain medical care only in emergencies. They tend to ignore less severe ailments, such as ear infections, which could have damaging sequelae. It is the impression of the study staff that, if these agricultural families seek medical care for non-emergency conditions, they seldom are able to return for adequate follow-up.

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* Introduction, "The Migrant Farm Worker in America prepared for the Subcommittee on Migratory Labor," United States Senate, 1960.

3. Lack of Coordination of Existing Public Services: Many of these families are known to several health and welfare agencies. There is a conspicuous absence of consistent, coordinated planning by these public and private agencies for these multi-problem families.

4. Cost of Medical Care: Agricultural workers rarely carry health insurance. They must meet the entire expense of each separate medical treatment, together with the cost of transportation and medicine. This is usually a financial hardship for they have a difficult time saving money for the basic necessities of life during seasonal unemployment and medical care rates low priority in their budgets.

5. Cultural Factors: Lack of knowledge of the nature of health and disease due to the cultural background and limited education of many agricultural workers present a problem to those who are responsible for medical service programs. Other cultural factors also affect their use of health and medical resources: the influence of older people in the extended family group who hold strong cultural beliefs about health and disease; the barrier of language; and reluctance to ask for medical aid from public sources. While much is known about these cultural factors, much more must be learned in order to do an effective job of handling the problems they present.

Interviews with interested community groups, growers, physicians, health and welfare department officials, and employment personnel have shown a widespread and genuine interest in doing something constructive for the health of the seasonal agricultural worker. That this should be a locally determined program, extending existing health services to these people and subsidized by state funds, was repeatedly pointed out by members of the various groups. The interviews with seasonal agricultural labor families this summer again documented many difficulties in meeting their health needs.

The essence of this report will have a familiar ring to most readers with an interest in the health problems of seasonal farm workers. Similar conclusions have been reached many times before. In the face of such agreement, it is paradoxical that to date no systematic program has evolved to meet the medical needs of domestic agricultural workers. By implementing the present recommendations for state financial support of locally administered services geared to the variety of local situations, California will lead the Nation toward its goal of equal opportunities for good health for these disadvantaged families.

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